VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-

CERTIFICATE OF DEATH



1. PLACE OF DEATH				2. US	UAL RESIDEN	ICE (HOME)	OF DECEASED	•	
					State Maryland county Allegany				
City or fown. (If outside	le city or town lim	URAL and give nearest town)		City or town Lonaconing (If outside city or town limits, write RURAL and give nearest town)					
How long in above place of di Hospital, Institution, or stre	eath?	eath occurred	rs		(If outs	Mater Cl	its; write RURAL	and give near	est town)
Hospital, Institution, or stre	liff St	ø	••••••	Street	No		ve LOCATION)	******************	
How long to hospital or institution?					f veteran, name was	f			***************************************
3. (a) FULL NAME							3. (b) Soci	ial Security N	umber
	s Vance								
	Color or race	4 2 1-5	, married, widowed, or divorced			MEDICAL C	CERTIFICA	TION	
Male	White	Sin	gle	20. DAT	E OF DEATH	8 Ma	y	19 46.	10:30pm
B.(b) Name of husband or w	lfe	None		21. I C	ERTIFY that death	occurred on the date a	bove stafed; fhat I	May S	ed from
7. Birth date of		B.(c) If alive, give age			A. alive oo			114
deceased (mo., day, yr.)		July	1933	Immed	iate cause of deat	Chron	ic Rlo	ymatic	DURATION
8. AGE: Years	Months	Days	If less than one day	En	ducers	litis M	yocardo	+is,	***************************************
12	10	5	hrs.			varditis			3 Years
9. Birthplace Fros	tburg-A	llega	ny-Maryland	Due to	Acute	Rheum	stee F	over	3 Years
fO. Usual occupation	Student					***************************************	000000000000000000000000000000000000000		***************************************
ff. Industry or business				Due 10	2 2 2 2 2 2 2 2 2 2 2 2			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
質 f2. Name Will	iam Alb	right		Other c	ondittons			***************************************	0.00.00000000000000000000000000000000
13. Birthplace Va	le Summ	itt.	Maryland		400000000000000000000000000000000000000	e pregnancy within a			
# f4. Maiden nameG.	ertrude	Gold	sworthy	11		e pregnancy within a			
15. Birthplace LO	naconin	g. Ma	ryland			10 ns			
15. Birthplace Lo	liam Al	brigh	.t	Antons	v results	844181818000000000000000000000000000000			**********
	naconin			PHYSI		derline the cause to			tatistically.
Rurial (Burial, cremation, or			of JV QV 11 Ud (month) (day) (year	, 22. VI		was due to external c			
(Burial, cremation, or	removal. Which?)					ilcl d e			
	Allegan	_				(City or town			
LOURISON		Maryl				dusfry, public place (•••••
16. Funeral director	llswort	h S.	Roal	Means	of injury	^	20	d at work?	^
Address 111 Ch	urch St.	Wes	ternport. Me	d		Paul	6UW	loon	mod.
May 10-	1046	02	5. Don J	23. SI	UNALUNC			М. D. о	
19 (Date red d by registr	ar)	********	Reg	istrar Address	F1842	mout, l	V. Vs.	Date signed!	0 May 1946



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County ALLEGANY			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1			State MARYLAND County ALLEG
City or town	nits, write F	URAL and give nearest town)	City or town R The Talk Cumb HRT AND Rural (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?6b.C Hospital, institution, or street address where d	urs	and 45 min.	(If outside city or town limits, write RURAL and give nearest town)
MEMORIAL E	OSPT	PAT.	Streel Ho. (If rural, give LOCATION)
How tong in hospital or institution?6hr			
		61-4-4-4	2.(a) If veteran, name war
3. (a) FULL NAME			3. (b) Social Security Number
MRS. MAE BAF			220-10-7794
4. Sex 5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE		WIDOWED	20. DATE OF DEATH MENT 15 10 HO 21 7 PM
TOGG	TAT TO	DADGED	
6.(b) Name of husband or wifeI.OST.E			May 1 1,56. 10 11/04/12 18 19 60
7. Birth date of			and that I last saw help ailire of May 150 1846
deceased (mo., day, yr.) FEBRUA	RY 2	4,1916	Immediate cause of death DURATION
8. AGE: Years Months	Days	It less than one day	h / / A MAI MI
30 2	21		Marsa Mellity 3 Vezos
MARVIAND			Due to.
9. Birthplace MARYLAND (Town,	county, and	state)	
to. Usual occupationHOUSHWOF	K	•••••	Due to
11. Industry or business			998 (0
# 12. Name JOSEPH STA	FFOR		Dther conditions.
13. Birthplace MD	F.E. G. O.T.		
	Dea	-	(Include pregnancy within 3 months of death)
14. Maiden nameELSIEL.	R.L.G.	<u>Ľ</u>	Major findings of operations.
			Date of op.
16. tatorment Mr. J. B. S	taffo	rd	Autopsy results
Address R. D. #2 Wil	liams	Rd. Cumberlar	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Donnal - 1			22 VIOLENCE- If death was due to external causes, fill in the following:
(Burial cremation or removal Which?)	Date the	eof May 19, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. He	rman		Where did injury occur?
Williams Rd	Nea	r Cumberland.	Injured at home, farm, Industry, public place (where?)
Location		······································	
t8. Funeral director	L. Ge	orge	Meens of Injury Injured at work?
Address Cumberland	d. Md		SSY Salap. Mr.
		1000 RD h	23. SIGNATURE M. D. or other
19. May 18 19 46 (Date rec'd by/egistrar)	1000	Janklen M.	address Sulas ked Date eigned 5-13-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MADVIAND CTATE DEDADTMENT OF HEALTH

DEATH

City or town	GANY BERLAND le city or town lim	its, write RURAL and give nearest to	wn) State
Hospital, Institution, or stree	et address where de L. HOSPI	rath occurred:	Stree
	Itution?5	DAYS	2.(a
3.(a) FULL NAME MR. GEOR	GE L. B	ARKER	
4. Sex 5.	Color or race	6.(a) Single, married, widowed, or divorce	
MALE	WHITE	MARRIED	20, 1
deceased (mo., day, yr.) 8. AGE: Years	، حست	March 30, 1883	and Imm
O. AGL.	Months	/ Days If less than one day	Imn
63	2	Ohrs.	min.
9. SirthplaceS.C.O. 10. Usual occupation	TLAND (Town, c UNEMPLO		Due
9. SirthplaceS.C.O. 10. Usual occupation	TLAND (Town, c UNEMPLO GE L. B	ounty, and state)	Due Othe
9. SirthplaceS.C.O. 10. Usual occupation	TLAND TLAND UNEMPLO GE L. B GYPT ISABELL SCOTLA	ounty, and state) YED ARKER A BALFLOUR ND	Due Othe
9. SirthplaceS.C.O. 10. Usual occupation	TLAND TLAND UNEMPLO GE L. B GYPT ISABELL SCOTLA	ounty, and state) YED ARKER A BALELOUR	Due Othe
9. SirthplaceS.C.O. 10. Usual occupation	TLAND TLAND UNEMPLO GE L. B GYPT ISABELL SCOTLA	ounty, and state) YED ARKER A BALFLOUR ND HOSPITAL	Du Oth

143			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County ALLEGANY	State MARYLAND County ALLEGANY		
City or town. CUABERLAND (If outside city or town limits, write RURAL and give nearest town)	" I CHILD TO TAKE		
How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 811 FAYETTE ST.		
MEMORIAL HOSPITAL	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) tt veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MR. GEORGE L. BARKER	Nove		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MARRIED	20. DATE DF DEATH. MAY 30 19. 46, at 11:30		
8.(6) Name of husband or wifeANN ELIZABETH BARKER	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
S.(c) It alive, give age58ye	24 min 19 46, to 30 min 19 46		
7. Birth date of 20 1072	and that I last saw h. Amedalive on		
deceased (mo., day, yr.) 8 AGE - Years Months Days If less than one day	Immediate cause of death DURATION		
o. AGL.	alimi replies int derina fromis		
	Customs and		
9. 8irthplace SCOTT.AND (Town, county, and state)	Due to		
TIMEMOT OVED			
10, water occupation	Due to		
11, Industry or business	Clarie muderal De hell		
12. Name GEORGE L. BARKER 13. Sirtholace EGYPT	Other conditions		
	(Include pregnancy within 2 months of death)		
14. Malden name TSABELLA BALLLOUR 15. Sirthplace SCOTLAND	Major findings of germany Courhoses of liver;		
SCOTLAND	Cardiac hypertropoly Bate of op 5/31/46		
MEMORTAT, HOSPITAT,	Pericardelis.		
OTTOTO POTO ANTO MATO	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address CUMBERLAND, MD.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
17. Burial cremation, or removal, Which?) (Burial cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or prematory Rise Stell Courtery	Where did injury occur?		
Marie of mel	Injured at home, farm, Industry, public place (where?)		
Location Land Line 1	Means of Injury Injured at work?		
18. Funeral director William + Jughts			
Address Cemberland, lled,	W. Offer Va come, mp		
1. de Ul Frank	23. SIDNATURE M. D. or other		
Date rec'd by registrar)	Ar Address Wheeler Date signed & Market		

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly

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I) MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

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R		Di	a #	No.	
V	3	3	U	16	

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4-	L

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Allegany
Cliy or town Cumberland (If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? 59 Years	City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 339. Frederick St
339. Frederick St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jane Barnett	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Married	20. DATE OF DEATH HERY - 16 1946, at 430 Pm
6.(b) Name of husband or wife George Barnett	21. I CEBTIFY that death occurred on the date above stated; that I attended deceased from
R (e) If all ye give age	May 10 1945 10 Hear 16 1946
7. Birth date of	and that I last saw had alive on They led 1946.
deceased (mo., day, yr.) October 15 1886 8. AGE: Years Months Days If less than one day	Immediate cause of death
59 7 1min.	Corcuous Orcher
9. Birthplace Cumberland, Allegany Co, Maryland (Town, county, and state)	Due to Creek due
10. Usual occupation House Wife	Calou
1t. Industry or business Own House	Due to
E 12. Name Charles Darr	Other conditions
E 12. Name Charles Darr 13. Birthplace Petersburg, W. Va.	
Ellen Spillard	(Include pregnancy within 3 months of death)
D. L. W. W. W.	Major fiediogs of operations.
15. Birthplace Petersburg, W. Va.	Date of op.
1B. Informant George Barnett	Antopsy results
Address 339. Frederick St. Cumberland, Md.	
17. Burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory Summer Cemetery	Where did injury occur?
Location Cumberland, Md.	Injured at home, farm, Industry, public place (#here?)
18. Funeral director	Means of Injury Injured at work?
Address Cumberland, Md.	1. 10 Theastorn to
10 May 18, 1046 & P. Franklin, M. D.	23. SIGNATURE M. D. or other
(Date rec'd fly registrar)	Address 44 Greece DI Date signed 5-17-46

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Reg. Diat. No.

CERTIFICATE OF DEATH

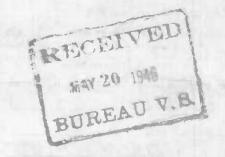
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 17/1/egany	State Md County 171/egany
City or town	State County 9.3.3.9
How long in above place of death? 7/ years	City or town
Hospital, Institution, or street address where death occurred:	Street No.
Oldtown, Md	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) if veteran, name war
3.(a) FULL NAME Mary E. Barth	3c(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F Widowed	20. DATE DF DEATH 19.46 215100 A.
8,(b) Name of husband or wife Toba G. Barth	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from
	March 14 11 42 10 May 11 11 46
7. Birth date of 0 4 4 6 4 16 1874	and that I last saw h a live oo Many 3
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death Commissions Least Janleys 2 West
71 6 25hrsmin.	
9. Birthpiace Oldtown Filegany, Md	Due to Chern myseudia 3 years
10. Usual occupation Hausewife	
11. Industry or business Ong Gome	Due 10
12. Name Tames Wilson	Other conditions
13. Birthplace Flintstone, Md.	
14. Malden name Jeannette Daniels 15. Birthplace Mary land	(Include pregnancy within 3 months of death) Major fiadiugs of uperations
15. Birthplace Mory lond	Major madings of aperations. Date of op.
16. Interment Teannette G. Davis	Autopsy results
Address Oldtown, Md.	
Burial, cremation, or removal, Which?) Date thereof 7/24/13, 1946 Aphonth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Island Son Cemetery	Where did injury occur? (City or town) (County) (State)
Location Near Olytown, 114	tnjured at home, farm, Industry, public place (where?)
18. Funeral director.	^
Address Conference Land 1 24 de	23. SIGNATURE A M.D. or other M.D. or other
19. May 13 13 46 ms 6. a Shamholt	Address Kry Mod Date signed 5/3 86

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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WRITE PLAINLY, WITH UNF is especially important.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

Reg. Diat. No......

1. PLACE OF DEA	TH: LEGANY-			2. USUAL RESIDENCE (HON (For newborn infants give resident)	ME) OF DECEASED:	
County		````		State MARYLAND	County ALLEGANY	
City or town(If or	itside city or town lin	nits, write R	URAL and give nearest town)			
How long in above place	of death?	<i>3</i>	YEARS	(If outside city or to	ND wn limits, write RURAL and give near	est town)
Hospital, Institution, or	street address where d	leath occurred	:		LLEGANY ST.	
MEMOR	IAL HOSP	DATE	······································	(If ro	ral, giva LOCATION)	
How long In hospital or	Institution?	DAIS		2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security N	
MR	· NOR!	MAN	SAMUEL	BIRCH	350-07-5	446
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced		AL CERTIFICATION	
MALE	WHITE	MA	RRIED	20. DATE DE DEATH	.Q	at 5.4.7.0A
6.(b) Name of husband	or wife	DIS S	PEICHER		date above stated; that I attended decease	
			e) it alive, give age26 year		1944, 10 May	
1. BITTH GATE OF	TIOTI	~ ~	1903	and that I last saw harmanilye on	may 18	19.4.5.
deceased (mo., day, y		Days	It less than one day	Immediate cause of death		DURATION
42			hrsmin	areen	onlose	
TO	5	20	min		, , ,	******************
9. Birthplace	LMNSYLVA	Ounty, and	tate)		nd of intestines.	*******************************
10 Hours accumulan	OWNE	R OF	TRI_STATE	Marie Marie I In		46 *** 0 0 0 *** 0
	TO FIFTH		E AGENCY	Due to		***************************************
11. Industry or business						**********************
E	AMUEL BI		***************************************	Dther conditions		
13. Birthplace	PENNSYL'	VANLA		(Include pregnancy	within 8 months of death)	
14. Malden name	MINNIE	ZIMM	ERMAN '	Major Stadings of maratines La	ye amont } b	lund
14. Malden name	NEL	V YOK	PKIA		Tules Date of op In a	717-46
	MEMORAIL	HOSP:	ITAL	Autopay results		/
Address	CUMBERLAI	ND. MI	D.	PHYSICIAN: Please underline the ca	nse to which death should be charged s	tatistically.
-				22. VIOLENCE: It death was due to ex	iternal causes, till in the tollowing:	
17. GURIA	or removal, Which?)	Date there	eot MAY 21 194	Accident, suicide, or homicide	Date of	
			CEM.	Where did injury occur?	or town) (County)	(State)
The second second					place (where?)	(10000)
			n MD.	Means of Injury	tnjured at work?	
18. Funeral director	10018	STE	INING	means or injury	tilling of work!	
Address	CUM	BERL	AND MP.	23. SIGNATURE	J. mare	
19 Mars	21, 1946	8.9	? Franklin, M.D.	23. STORATORE	M. D. o.	r other
(Date rec'd by re	gistrar)		Registra	Addrass Currer	Date signed	Many 17

MAY 28 1946
BUREAU V 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

Reg. Diat. No.

City or team. Cumberland City or team. Cumberland City or team. (If customic city or team interest count) How long in absorption or sirest editors where death accorated. Allegany Mesphal. Strat Ne. City or team. Rt. #2, Cumberland City of team. Rt. #2, Cumberland City or team. Rt. #2, Cumber	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(it contained etty or town limits, write HURAL and grive forerest town) Were ine in above place of dealth? A 16 Years Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital institution or street addraws where dealth occurred: Allegany Hospital Respital institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital Respital, institution or street addraws where dealth occurred: Allegany Hospital	Cambonland	State Maryland County Allegany		
Street S	(If ontside city or town limits, write RURAL and vive nearest town)	Rt. #2 Combanland Sullal		
Allegany Hospital Solor in hespital or institution? Allegany Hospital Solor rate Mrs. Daisy Bohrer 4. Sat Solor rate Mrs. Daisy Bohrer 4. Sat Solor rate Medical Certification Female White Married Solo Mana ethuband or wita. Howard Bohrer Solo Mana ethuband or wita. Howard Bohrer Solo Mana ethuband or wita. Solor Warn Solor Major Godest Warn Solor Warn Major Godest Warn Solor Warn Major Godest Within Smooth of Goath) Warn Solor	How long in above place of death? 46 Years	(If outside city or town limits, write RURAL and give nearest town)		
Allegany Hospital (Iteraal, give Location) 16 Days 2.(a) Full NAME Mrs. Daisy Bohrer 4. Sax 5. Color or race 4. Sax 5. Color or race 6. (a) Single, married, widewed, or diverced Merried 8. (b) Hann of husband or wits 8. (c) Haller, give aga 8. (d) Haller, give aga 8. (e) Haller, give aga 8. (e) Haller, give aga 8. (f) Haller, give aga 9. (f) Haller, give aga 19. (f) Ha	nospital, institution, of Street augrass where goath occurred.			
Mrs. Daisy Bohrer 4.51 Aster S. Color or rate 6.(a) Single, married, videwed, or diversal Medical Certification 7. Sinth Sale of Security Nember 8. Acc: Tears Menths 8. Acc: Tears Menths 9. Birthplace Berkeley Springs, W. Va. 10. Usual secupation Housewife 11. Industry or business 12. It same 13. Birthplace 14. Madden same 15. Birthplace 15. Birthplace 16. Description 16. Description 17. Birth Sale of Security Nember (nor diversal ban on day) 18. Informant 19. Birthplace 19. Description	Allegany Hospital			
Mrs. Daisy Bohrer 4.51 Aster S. Color or rate 6.(a) Single, married, videwed, or diversal Medical Certification 7. Sinth Sale of Security Nember 8. Acc: Tears Menths 8. Acc: Tears Menths 9. Birthplace Berkeley Springs, W. Va. 10. Usual secupation Housewife 11. Industry or business 12. It same 13. Birthplace 14. Madden same 15. Birthplace 15. Birthplace 16. Description 16. Description 17. Birth Sale of Security Nember (nor diversal ban on day) 18. Informant 19. Birthplace 19. Description	How long in hospital or institution? 16 Days	2.(a) If vataran, nama war		
MEDICAL CERTIFICATION Female White Married Married Married Moward Bohrer 6.(c) Hama of husband or wits. 6.(c) Halive, gire aga. 6.8 years december (so., day, yr.) 7. Birth date of december (so., day, yr.) 8. AGE: Years Months Days Hilas than one day 26 hrs	3. (a) FULL NAME	3. (b) Social Security Number		
## MEDICAL CERTIFICATION ### May 9 ### 19, 46 at 1::55 Pm ### 21, 1certify that seal occupant on the fall as above yields; that I altered deceased from ### May 9 ### 19, 46 at 1::55 Pm ### and that I last awa have yields; that I altered deceased from ### May 9 ### 15, 10 CERTIFICATION ### May 9 ### 10, 10 CERTIFICATION ### May 9 ### 10, 12 CERTIFICATION ### May 9 ### 10, 12 CERTIFICATION ### May 9 ### 10, 12 CERTIFICATION ### May 9 ### 11, 10 CERTIFICATION ### May 9 ### 11, 10 CERTIFICATION ### May 9 ### 11, 10 CERTIFICATION ### May 9 ### 10, 12 CERTIFICATION ### May 9 ### 11, 10 CERTIFICATION ### May 12, 10 CERTIFICATION ### May 11, 10 CERTIFICATION ### May 12, 10 CERTIFICATION	Mrs. Daisy Bohrer	None		
8. (b) Kama of hurband or with. Howard Bohrer 8. (c) It alive, give aga	4. 3ez 5. Color or race 6.(a)Single, married, widowed, or divorcad	MEDICAL CERTIFICATION		
7. Birth date of decassed (mo. day, yr.) 8. AGE: Years Months 9 26 hra min. 9. Birthplace Berkeley Springs, W. Va. (Town, county, and state) Housewife 11. Industry or business 12. Name Berkley Springs, W. Va. 13. Birthplace Berkley Springs, W. Va. 14. Maiden name Berkley Springs, W. Va. 15. Informant Boyd F. Bohrer Addrass 227 Arch Street, Cumberland, Md. 17. Burial County Note (month) (day) (year) Camelery or crematory. Rose Hill Cemetery Location Cumberland, Maryland Addrose Cumberland, Maryland 23. Sighatipas 368 years and that list are hyd. Zaitra on 1.9 10. Usual occupation. July 13. 1878 Doub ta. 11. Inappliate cause of death Doub ta. 12. Inappliate cause of death Doub ta. 13. Burial ination on 1.9 14. Maiden name Berkley Springs, W. Va. (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3	Female White Married	20. DATE OF DEATH. May 9 10. 46 at 1:55 Pm		
7. Birth date of decassed (mo. day, yr.) 8. AGE: Years Months 9 26 hra min. 9. Birthplace Berkeley Springs, W. Va. (Town, county, and state) Housewife 11. Industry or business 12. Name Berkley Springs, W. Va. 13. Birthplace Berkley Springs, W. Va. 14. Maiden name Berkley Springs, W. Va. 15. Informant Boyd F. Bohrer Addrass 227 Arch Street, Cumberland, Md. 17. Burial County Note (month) (day) (year) Camelery or crematory. Rose Hill Cemetery Location Cumberland, Maryland Addrose Cumberland, Maryland 23. Sighatipas 368 years and that list are hyd. Zaitra on 1.9 10. Usual occupation. July 13. 1878 Doub ta. 11. Inappliate cause of death Doub ta. 12. Inappliate cause of death Doub ta. 13. Burial ination on 1.9 14. Maiden name Berkley Springs, W. Va. (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3 months of death) Mylor fadings of berations (Include pregnancy within 3	Howard Bohrer	21. I CERTIFY that death occurred on the date above series that I attended deceased from		
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23. SIGHATURE	18. Funaral director William H. Kight	Maona of Injury Injurad at work?		
/ // // // // // // // // // // // // /	Addroas Cumberland, Maryland	22 SIGNATURE TO STATE OF THE ST		
19. (Data recid by recistrar) Registrar Registrar	19. May 10, 1946 & P. Srauklin, M. D. Registrar	We lot of the state of the		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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and Signature and the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME George Haron Bown	3. (b) Social Security Number
4. Sex 5. Cotor or race 6.(a) Single, married, wildowed, or divorced Widowed	MEDICAL CERTIFICATION 2D. DATE DF DEATH
8.(b) Name of husband or wife Elizabeth A Bowno 7 7. Birth date of deceased (mo., day, yr.) October 10, 1856	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Office 1 18 19 46 and that I last saw h
8. AGE: Years Months Days It less than one day 89 7 8 hrs. min. 9. Birthplace Park Park W. Va. (Town, county, and state) 10. Usual occupation B.g.ilding contractor	Due to Chrome & Land Paralit - 24
11. Industry or business Self. 12. Name George Barragy 13. Birthplace George Sangery 14. Barragy 15. Barragy 15. Barragy 16. Barragy 17. Barr	Dither conditions
14. Malden name Tobason 15. Birthplace Chaneysville, Th.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Win Mer Bourna 7 Address TFt, 3, Compact land, Md. 11. Burial (Burlal, cremation, or removal, Which?) Date thereol. (124, 71, 1946)	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide. Date of
Cemetery or crematory TReschill Cemetery Location Camberland, Md.	Where did injury occur?
18. Funeral director John J. Hofee Address Cofeebelland Zuch. 19. May 20, 18 46 J. P. Freuklin M. A.	Manns of Injury Injured at work? 23. SIDNATURE M. D. or other
(Date readdow regretres)	Address Secretary had note signed 453

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

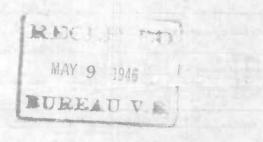
2411 N. Charles St., Baltimore 178

CERTIFICATE OF DEATH

U4407 9

1. PLACE OF DEATH: County. City or town (If outside city or town limits, write EURAL and give pearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Office or race 6. (a) Single, married, widowed, or divorced Single 8. (b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the late above stated; that I attended deceased from 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
doceased (mo., day, yr.) Not Known 18 5 5	Impediate cause of death DURATION 2 1/3 day
9. Birthplace Bittinger. Md. (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business 12. Name. John Berkholder 13. Birthplace Bittinger, Md.	Due to
14. Malden name. Lydia Bittinger 15. Birthplace Bittinger, Md. 16. Informant. Noeh Bittinger Address Swanton, Md.	(Include pregnancy within 8 months of death) Major findings of operations
Burial Burial Burial, cremation, or removal. Which? Cemetery or crematory. Cemetary (Brothern) Location Brothern Available Address Address Burial Bate thereof. May. 8, 1946 (month) (day) (year) (month) (day) (year)	Accident, suicide, or homicide. C. C. County Bate of Market Market Mere did injury occur? (City or town) (County) (State) Means of injury At week by Automobiaed work?
19. 5-4 (Dato rec'd by registrar) 19.44 Mus. Mauly H. Registrar	23. SIGNATURE TO STATE M. D. or other M. O. or othe

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1997)

CERTIFICATE OF DEATH

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Reg. Diat. No......

1. PLACE OF D			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County			state Maryland county Allegany		
			City or town Cumber 18	and s, write RURAL and give nearest town)	
	or street address where	dealh occurred:			
	Allegany		Street No. 217 1975 V.V.C (If rural, give	St.	
			2.(a) If veteran, name war		
3. (a) FULL NAM	1E			3. (b) Social Security Number	
	Baby	Boy Busch		None	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Infant	W. 13	18 46 21 3 7	
	1 1141100				
B.(b) Name of husban	d or wife	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21. I CERTIFY thal death occurred on the date ab		
			19.	46, to My 13 18 4	
7. Birth date of	yr.) May 1	1946	and that I last saw halive on	19	
deceased (mo., day,		Days If less than one day	Immediate cause of death		
8. AGE: Yea	rs months		premetine k	aling Our of	
			n. /		
0 Richaloce	Cumberla	and Md.	Due to.		
3. Dittiprace	(Town,	county, and state)			
10. Usual occupation			Bus de		
11. Industry or busine	ce		Due 10		
	John A 1	Busch			
12. Name			Other conditions		
13. Birthplace	Ohio		(Include pregnancy within 3	months of death)	
14, Maiden name	Mary (C. Lawler			
TO Diribales	Cumbe	erland, Md.			
				/	
		an Lawler	Autopsy results	high death about the above of statistically	
Address 214	Fayette S	St. Cumberland, Md.			
			22. VIOLENCE: If death was due to external car		
(Burlal, crematio	al on, or removal. Which?	Date thereof May 14,1946 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crema	tory S.S.	Peter & Paul	Where did injury occur?(City or town)	(County) (State)	
		and, Md.	10.	where?)	
1B. Funeral director.	Charles	L. George	Means of Injury	Injured at work?	
Address	Cumberl	and, Md.	/ Kr	(41)	
no no		101. 10 501	23. SIGNATURE	M. D. or other	
19.0//ay	/4, 1946.	J. F. Barklei M. D	Address Lone the	M. D. or other Date signed 5-/3-	
(Date rec'd by r	registrar)	Registra	Address.	Date signed.	

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MAY 21 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg.

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		,
		4
Dist.	No.	

1. PLACE OF DEATH: County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (Lest newborn Infants give residence of mother)
7// // 7 ///	State and showing county Bedford
(If outside city or town limits, write/RURAL and give nearest town)	City or town Agnaman
How long in above place of death?	(If sutside city or town limits, write RURAL and give nearest town)
Mamorial Hospital	Street No. (If rural, give LOCATION)
How long in hospital or instruction? Queeks	2.(a) If veteran, name war
3. (a) FULL NAME	
Strah Elizabeth Bus	3.(b) Social Security Number
4-Sex 5. Color or race (6)(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION,
Terrale White Widowed	2D. DATE OF DEATH May 25 19.46 at 2 A
B, (b) Name of husband or wife Leone Bush	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	aurious 1946, to May 1946
7. Birih date of deceased (mo., day, yr.) September 2/, 1862	and that I last saw her alive on Mary 24 19.46
8. AGE: Years Bonths Days I liess than one day	Immediate cause of death DURATION
83 8 4hrsmin.	Allugrene tright / mo.
Read and the	The state of the s
9. Birthplace (Town, county, and state)	Due to Survey Comments of the survey of the
10. Usual occupation Atous LLUTTE	The state of the s
11. Industry or business	Due to. Shat in Kight Shape Versil Ince
	But the same of th
12. Name acob Wellison 13. Birthplace	Dither conditions
14. Maiden name Dusaw Akroger	(Include pregnancy within 8 months of death)
14. Maiden name Susaus Akroges 15. Birthplace	Major findings of operations
	Date of op
18. Informant Wood Karles Cash Bush	Antopsy results.
Address . Hynamaw, G	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Benul Date thereof May 27,1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery er erematory	Where did injury occur?
Location Vegranium Fg	Injured at home, farm, industry, public place (where?)
18. Funeral director Howey Jr. Locales	Means of injury Injured at work?
Address Hundman (Ha)	0169
S D + 10.50 A	23. SIGNATURE Attack and Let 160 M. D
19. May 27 19 4 la Mauklin, M.D. (Date rec'd by registrar	Address Hynden In Ca Date closed 1.25.46

JUN 4 1946 BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH



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Rog	. D	ist.	N	o.,	

2411 N. Charles St., Baltimore (93d)				
CERTIFICATE	OF	DEATH	X	
2.	USUA	L RESIDENCE (HOM	E) OF DEC	

I. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany City or town Cumberland, Maryland (If outside city or town Himits, write RURAL and give nearest town) Now long In above place of death?		State Maryland County Allegany City or fown Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 208 Maryland Avenue (If rural, give LOCATION) 2.(a) It veteran, name war.				
3. (a) FULL NAME				3	3. (b) Social Security Number	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERT	TIFICATION	
Female	White		Widowed	20. DATE OF DEATH		
6.(b) Name of husband 7. Birth date of			ollins c) If alive, give ageyears th, 1874	21. I CERTIFY that death occurred on the date above st	lated; that I attended deceased from	
deceased (mo., day, y 8. AGE: Years		Days 16	It less than one dayhrsmln.	Immediate cause of death	ocarditis / feet	
9. Bir Duble County, Va. (Town, county, and atate) 10. Usual occupation				Due to	ths of death)	
14. Malden name. Martha McDonald 15. Birthplace 16. Informant Mrs. Henry Lynch Address 421 Central Ave. Cumberland, Md. Burial Date thereof May 15,1946 (Burial, cremation, or removal. Which?) Meth. Church Cem. Cemetery or crematory. Three Churches, W. Va.				Autopsy results		
			Cem.			
			W. Va.	Injured at home, farm, industry, public place (where?	?)	
18. Funeral director		L. G	eorge	Means of Injury 23. SIGNATURE P. T. C.	Injured at work?	
19 May 15, 19 46 J. Franklin, M.D. (Date rec' ply registrar)			1. Franklin, M.D.	Add/ess Muberland	M Dor other M Date signed May 14 49	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conspecially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

MAY 21 1946 BUREAU V.S.

MAY 7 1946

BUREAU S FA

The correct age

DR DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

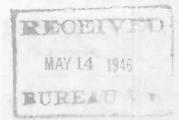
2411 N. Charles St., Baltimore 740

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County AIIEGANY	State MD County GARRETT		
City or town			
How long In above place of death?	City or town KITZMILLER. MD		
Hospital, Institution, or street address where death occurred:			
MEMORIAL HOSPITAL	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
	3. (b) Social Security Number		
3. (a) FULL NAME fluische Dastoli JOSEPH DASTOLI	217-05-7350		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced			
	MEDICAL CERTIFICATION		
MALE WHITE Single	2D. DATE DF DEATH		
S.(b) Name of husband or wifo	21. LCERTIFY that doubt occurred on the date above stated; that I attended deceased from		
	May V, 1146, army 6, 114		
7. Birth date of	and that I last saw hallye on		
deceased (mo., play, yr.)	Jampediate cause of death		
8. AGE: Years Months Days If less than one day	lante by yuphatic bayourie		
57hrsmln.	Zuts		
Italy	Que to.		
9. Birthplace			
10. Usual occupation Coal Miner	Due to.		
11. Industry or business Garrett Coal Co. Kitzmiller, Md.	DUO 10		
	AN CHARLES		
	Dithor conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name	Major fiadiogs of operations		
15. Birthplace	Date of op.		
16. Informant MEMORIAL HOSPITAL	Actopsy results.		
CHMPERIAND MD	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address COWIDERLIAIVD, IVID.	22. VIOLENCE: If death was due to external causes, till in the following;		
17. Burnal Date thereof May 8, 1946 (month) (day) (year)	Accident, suicide, or homicide		
Comotery or crematory Kalbaugh Cemetery	Where did injury occur?		
Location Elk Garden, W. Va.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Meons of Injury Injured at work?		
	Land Land		
Addross Cumberland, Md.	23. SIGNATURE		
May 6, 10 Ah X. J. Translein	1 P 3M Dorothyr		
19. (Date rec'd by fegistrar)	Address Dato street To		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carcfully. The constant is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	2411 N. Chai	PEPARTMENT OF HEALTH	04413
City Lin		TE OF DEATH	Reg. Diat. No.
information carefully. The correof death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of no state	erland Markural Oldlown Kd. LOCATION
formati		t" Du Vall	3. (b) Social Security Number
ING of inuses of	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Married		RTIFICATION 4 72 1946 110:50 An
VED FOR BINDING Supply every item of	8.(b) Name of husband or wite William Howard Du Vall S.(c) It alive, give age 74 year 7. Birth dats of deceased (mo., day, yr.) Tuly 72, 1875 8. AGE: Years Months Days It less than one day 70 0 0 hrs. mir	and that I last saw h aliye on	10 M 04 22 10 46
ARGIN RESERVED FOR FADING INK. Supply ever Physicians: please write	9. Birtiplace Itts Vernon, Prince William, Va 10. Usual occupation. House wife 11. Industry or business Own home 12. Mame William H. Stout 13. Birthplace Pennsylvania	Due to	
VITH UN	13. Birthplace Pennsylvania 14. Malden name Resecca Davis 15. Birthplace Virginia 16. Intormant Claude Du Vall	Major fiadiogs of operations. Actors resolts	
9.45.15M WRITE PLAINLY, V	Address Tt. 4 Cumberland, Md 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory, Mt. Tabor Cemetery	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of (County) (State)
VS A15 9.4 PLEASE WR	Location No a.v. 5 prints Gap 18. Funeral director Johns Jan House Address Cafeer by Hand M. 19. Mong 2 4 19 46 J. F. Franklin, M. A. (Date rec'd by registrar)	Meens of injury 23. SIGNATURE	Injured at work? Injured at work? M. D. or other M. O. or other M. D. or other M. O. or other M. O. or other M. O. or other M. O. or o

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MARYLAND STATE DEPARTMENT OF HEALTH

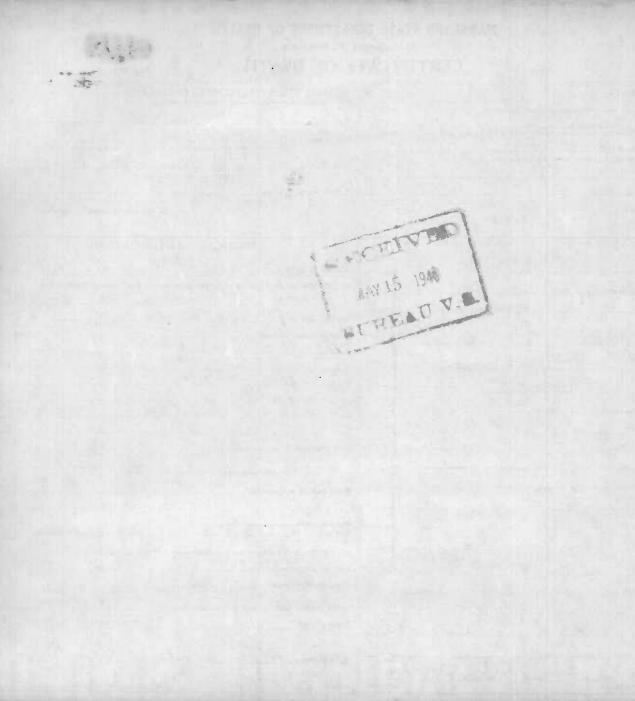
2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

04414

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegan graf	(For newborn infants give residence of mother)
City or town . Takes Had a	State County allegen
City or town(If outside city or town limits, write RURAL and give nearest town)	Pity or town to the
How long in above place of death?	City or town (If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 269 6. 2 pain 1
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	220-10-455
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
9 / 04 + 9.	
Male bounte married	20. DATE OF DEATH 22019 11 1946, at 4P.
8.(b) Name of husband or wife Autrice Close	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	may 11 / 1945 to May 11 1946
7. Birth date of	and that I last saw I'M alive on may 11 19 46
deceased (mo., day, yr.) Lace 18-1863	
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
82 4 23hrsmin.	acute myocardiffs /day.
82 7 23min.	
9. Birthplace Lessannia	Due to arteris - Sclerosio.
(Town, county ford tate)	Semility.
10. Usual occupation Selection Lander	Due to Chronin prostation 3 years
11. Industry or business Cela here Coarso.	Bue to.
E 12. Name Levy Cilsale 13. Birthplace Levy any	Dther conditions
13. Birthplace	
I was the Both one	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
14. Malden name Dastlina Deturn	Oate of op.
Jarg. 10 N	Antopsy results.
110 V	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address / 8 dryenia Cor. market	no violativos de de de una dise la estavad acuma dill la ble della viola
17 Burnel Date thereof may 14-1948	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which) (Burlal, cremation, or removal, Which)	Accident, suicide, or homicide
Cemetery or crematory A.S. S. C.	Where did injury occur?
Z- +1. L. L.	
Location T	tnjured at home, farm, Industry, public place (where?)
19. Funerat director	Means of Injury Injured at work?
Here of the second	after all I made
Address freshing 200	23. SIGNATURE TY. C'CLIEM' MI O
19 5-13 1946 Mus Many XIVE	M. D. or other
(Data registrar)	Iddress + nostlemes Ma noto signed 5/13/41



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8300

CERTIFICATE OF DEATH

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Reg.	Dist.	No 7
Keg.	Dist.	140

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegory City or town Metal J Cury Serlord, Rural	State Md County Allegans		
(If outside city of town limits, write KURAL and give hearest town)	Many / c. whoreland During		
How long in above piace of death?	(11 odeside city of town mints, write Rockets and give nearest www.)		
TH 3, Chilar Grave	Street No. III. 3, March Stove		
How long In hospital or Institution?	2.(a) It veteran, name war		
3 (a) FILL NAME	3. (b) Speial Security Number		
Addison H. Eyler	More		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W Married	20. DATE OF DEATH 194 10 1946, at 8:30 P.M		
6.(6) Name of husband or wife Java 4 "Walfe" Eyler	21. I CERJIFY that death occurred on the date above stated; that I attended deceased from		
~	Feb 30 1945 10 May 9 1946		
7. Birth date of	and that I last saw he catalive on Magy 9 1946		
deceased (mo., day, yr.) day vary 4, 1872	Immediate cause uf death		
0. AUL.	Tremarafe		
	074:01:01		
9. Birthplace Ho Zen Holegany (Town, contry, and state)	Due to MANA SAN SAN SAN SAN SAN SAN SAN SAN SAN		
10. Usual occupation Tetired	Que jo.		
11. Industry or business Retail Merehaut			
12. Name TROSETTR. Eyler 13. Birthplace Trumont, Md	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Caroline Hendrickson 15. Birthplace Hazen, Md 16. Informant Man Toba Wentling			
5 15 Righniage Hozez, Md.	Major findings of operations.		
16. Informant Mrs. John Westling	Autopsy results.		
	PHYStCIAN: Please underline the cause to which death should be charged statistically.		
Address Tit. 3, Cumberland	22. VIOLENCE: tf death was due to external causes, till in the tollowing;		
17. Buria, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Zion Memorial Park	Where did injury occur?		
Location Cumberland, Md.	Injured at home, tarm, Industry, public place (where?)		
101:11	Means of Injury injured at work?		
e (1) (1) 12 1	0000		
Address Englishment ting.	23. SIGNATURE M. D. or of or		
19. May 13, 19 46. J. T. Branklen M.L	H. D. or offer		

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6320

CEDTIFICATE OF DEATH

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663	K	J.	U

Reg. Diat. No.				
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Extra person infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 52.3. (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME Fair Fai	3. (b) Social Security Number MEDICAL CERTIFICATION			
male Mute Andread.	20. DATE OF DEATH MAY 20 1946 of 12341			
6.(b) Name of husband or wife Anna Hitchena 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I ettended decessed from 19. 42, to 723, 19. 46 and that I tast saw k. alive on 18. 46			
deceased (mo., day, yr.) frely 4 1867	Immediate cause of death Mraeuma OURATION			
8. AGE: Years Months Days If less than one day	L- why			
9. Birthplace Baston (Town, county, and state)	Due ta Pronetial aseture 5 yrs.			
10. Usual occupation	Due to Myocard 3 7/2			
11. Industry or business 12. Name Han Languer 13. Birthplace \mathcal{U} 2 \mathcal{U}	Diher conditions			
14. Malden name Christian Matto	(Include pregnancy within 8 months of death) Major findings of operations.			
16. Informant Imo Smale Squissip	Actupsy resolts			
Address 523 Franks Zane Charles (Burlal, cremation, or remayor, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
Cemetery or crematory allyany Class.	Where did injury occur?			
Location Justiliang And	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?			
18. Funeral director— Cosassas Stein (18.	media of injury injury			
Address Cumbulana, Md	23. SIGHATURE Clays. Lower			
19 May 2 2 19 46 & P Franklin M. Registrar	Address Daniel Date signed 21.794			

Address

MAY 28 1946
BUREAU V.B.

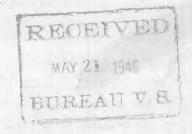
2411	N.	Charles	St.,	Baltimore	940
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*	2010	X	-65	To the	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING 9.45-15M

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CERTIFICAT	TE OF DEATH Reg. Dist. No	4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County City or town. (If outside city of town limita, write RURAL and give no street No. (If rural, give LOCATION) 2.(a) If veleran, name war.	d-
3. (a) FULL NAME	3. (b) Social Security	y Number
Frank W.Fishel	217-10	-473
4. Sax 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1
male White married		6 , 2.45
6.(b) Name of husband or wife many 6 Holh	21. I CERTIFY that death occurred on the date above stated; that I sttended date	ceased from
		19
7. Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.) Macy 31, 1903	Immediate cause of death	DURATIC
8. AGE: Years Months Days' At less than one day	Coronary Occlusion	*****
42 // min.		
9. Birthplace (Town, county, and state)	Due to	***************************************
10. Usual occupation	Duo to	
11. Industry or business Clarue by M.		
12. Namo Jack D. Fishel W. Va.	Dther conditions	
	(Include pregnancy within 3 months of death)	,,,,,
14. Maiden name name tringeld 15. Byrtholace		
15. Birthplace N. Va.	Major fiadiogs of operations.	
a. a. 24-10 a. 1. 1	Autopsy results no autopsy	
16. Informant The Think Th	PHYSICIAN: Please underlice the caose to which death shoold he charge	ed statistically.
Address My 3 Combistered Ind	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	*****************************
Charte In Pall		gogooooooooo
Cemetery or crematory And Communication Comm		(State)
Location was all stage and	Injured at home, farm, Industry, public place (where?)	
18. Funeral director domis Stem Inc	Means of Injury Injured at work?	
Address Complexes.	0	41 4.4
MULLESS COMMENTAGE	23. SIGNATURE TO LINE 14. Obys	b W, W,
19. May 4 1946 X. T. Stauklin M. N. (Date rec'li by registrar) Registrar	Address Cumberland, Maryland	5-10-1



CERTIFICATE OF DEATH

ř.	2	T	L		1		
r	Re	g.	Dia	t.	No.	 	

Outs	spie		PARTMENT OF HEALTH	1.0751
City	Eim		FE OF DEATH	04418 Reg. Dist. No. 4
+	information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For pewborn infants give residence of a State	interior and state of the state
	tion chi	How long in hospital or institution?	2.(a) If veteran, name war	
	forma f deat	Florence Virginia	Fisher	3. (b) Social Security Number
ING	n of in uses o	4. Ser 5. Color or race 6.(a) Single, married, widowed, of divorced Himale White Widowed	MEDICAL CE	ertification
BINDING	every item of ite the causes	6.(b) Name of husband or wife Sanford S. Fisher	21. I CERVIPY that leath occurred on the date abo	re stated; that I attended deceased from
FOR	K. Supply eve please write	7. 8 Irth date of deceased (mo., day, yr.) 20 1866	and that I just saw halive on	DURATION 19 4/6
MARGIN RESERVED	Supp	8. AGE: Years Months Days If less than one day	Cardio-Tie	ual Le
RESE	INK.	9. Birlhplace (Town, county, and state)	Due to	
GIN 1	ADING INF Physicians:	11. Industry or business A 2 Ame.	Oue to	
MAR	- 1	12. Name Minry Miller 13. Birthplace Ind	Other conditions (Include pregnancy within 8 n	continued death)
T	WITH UNF important.	14. Malden name many young Ind.	Major fisdings of operations	
-		16. Informant mo Jas mason	Antopsy results	
	PLAINLY, is especially	Address 17. Parish (Burlal, cremation, or remoyal, Which?) (Burlal, cremation, or remoyal, Which?)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	
10 10 10	WRITE P	Cemetery or crematory Ross Dull Cular	Whera did injury occur?(City or town)	
4.6		18. Funeral director damis, Stein Inc	Injured al home, farm, industry, public place (wh Means of Injury	Injured at work?
S Alë	PLEASE	Address Cumberland	23. SIGNATURE TBailey	M. D. or other
VS	P	(Date rec'd by registrar) 1946 & P. Tranklein, M. D. Registrar	Address Cumbertand	Med Date signed 5/1/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //200

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CERTIFICATE OF DEATH

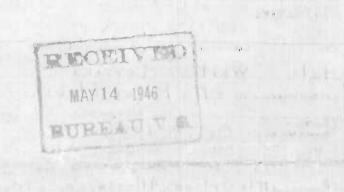
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				1
_	_			4

Allegany

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	Ace. Date Normanian
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cliy or town Cumber 2.4.4 (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Allegany
(If outside city or town limits, write RURAL and give nearest town)	City or town
Hospital, Institution, or street address where death occurred:	Street No.
Allegany Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. 3. (b) Social Security Number
Phillip Fletcher	705-10-7226
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION P
Male White Married	20. DATE OF DEATH MRY 4th., 19. 46.21.6.53 M
B.(b) Name of husband or wife Etta Price Fletcher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Oct. 8, 188	Immediato cause of death
8. AGE: Years Months Daye It less than one day	Extensive second and third 22 hrs.
58 6 26min.	degree burns of head, face,
9. Birthplace Little Orleans, Allegany Co., Md.	Due to neck and extremities.
10. Usual occupation Railroader	Bue to
11. Industry or business	800 10-11-11
12. Name + Tanklin Dierce Fletcher 13. Birthplace Penna.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Rebecca Norris 15. Birthplace Allegany Co., Md.	Major findings ol operations
18. Informant Allan F. Fletcher	Antopsy results. no sutopsy. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Little Orleans, Md.	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 Surial operation or removal Which (month) (asy) (year)	Accident, suicide, or homicide, accident Bate of 5-3-46
Cometery of Gremetery Big Ridge Church of God	Where did injury occur? Belle Grove, Allegany, Md. (City or town) (County)
Location Little Orleans Mas	Injured at home, farm, Industry, public place (where?) highway Meane of Injury Collision of truck and auto
18. Funeral director. Charles R Bast	Meane of Injury COLLISION OI Injured at work? NO
Address Hancock Md.	P. W. Dersey, W. D.
Ma 7 16 Of Krankli M.D.	Cumberland, Maryland 5-5-46
(Date rec'd by registrar) Registrar	Address Date signed

Debath



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1276)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)		
County			
City or town	state Maryland County Allegany		
How long in above place of death?	City or town. Cumber land (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 53 Greene St.		
53 Greene St.	(If rural, give LOCATION)		
How long in hospital or instillution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Rosa Lillian Fuller	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	2D. DATE OF DEATH. May 7, 19.46 at 6.1/5 P. M		
6.(b) Name of husband or wife Howard M. Fuller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	mm 7 19 44, 10 mm 7 19 46		
7. Birth date of TON 1000	and that I last saw h		
deceased (mo., day, yr.) FED. 10, 1070 8. AGE: Years Months Days If less than one day	Immediate cause of death		
76 2 19hrsmin.	James of management 5 days		
9. Birthplace Winchester, Va. (Town, county, and state)	Due to		
1B. Usual occupation. Housewife			
	Due to		
11. industry or business			
John N. Kane John N. Kane Winchester. Va.	Dither conditions Therefore years		
I 13. Birthplace Winchester, Va.	(Iuclude pregnancy within 3 months of desth)		
E 14. Malden name. Margaret A. Boyce	Major findings of operations		
2 15. Birthplace Winchester, Va.	Date of op.		
14. Malden name Margaret A. Boyce 15. Birthplace Winchester, Va. 16. Informant Miss. Mira Fuller	Autopsy results.		
Address 53 Greene St. Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Dunio 1 Mar. 10 1046	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?		
Location Cumberland, Md.	injured at home, farm, industry, public place (where?)		
18. Funeral director Charles L. George	Mesns of Injury Injured at work?		
Address Cumberland, Md.	Blow on I landle he		
000 11 11 11 11 11 11 11	23. SIGNATURE		
19. Olac rec's by registrar) 19. 46 J. T. Osanklen M.A. Registrar	Address 41 rule of culling signed no a 1916		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-m

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CERTIFICATE OF DEATH

			11
leg.	Dist.	No.	4

1. PLACE OF				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
			•••••••••••••••••••••••••••••••••••••••	State Maryland county Allegany		
City or town	If outside city or town	limits, write I	URAL and give nearest town)			
How long in above pi	iace of death?		***************************************	Alass Cumberland &		
	or street address when		! :	Street No. Bowling Green		
Now to be to be also	6	7 davs			ve LOCATION)	
3. (a) FULL NA		J	***************************************	2.(a) It veteran, name war		
3. (a) FULL NA					3. (b) Social Security Number	
4. Sex	Mr. J		Rallimore e, married, widowed, or divorced		217-10-5423	
	J. Color of face				CERTIFICATION	
M	W	Mar	ried	20. DATE OF DEATH May 30	19. 46 .at 2:30A	
6.(b) Name of husba	and or wife Sars	Sayer	s Gallimore	21. I CERTIFY that death occurred on the date a		
		6.(c) If allve, give age 54 years	10pn. 46	9 10 30 my 19 40	
7. Birth date of deceased (mo., da	ay, yr.) 5-26-	223	,	and that I last saw h	mis 46 18	
	ears Months	Days	It less than one day	Immediate cause of death 1. Malignory 9.1.	hart with ? DURATION	
18 111	63 0	1		metratas in to	ens.	
		ocki)		il		
9, Birthplace	Va. (Pul	n, county, and	state)	Oue to Malignancy of gastro	Guyo	
10. Usual occupation	Police	· · · · · · · · · · · · · · · · · · ·	,	and I maliant His	portersión .	
11. Industry or bust	ness Celean	ese Co	orp. Of America		Hent Disers?	
当 12. Name. D	avid W. C	allimo	re	Other conditions		
12. Name. D.	Tr					
Malden na	ma Ann Mc	Gen		(Include pregnancy within		
14. Malden name 15. Birihpiace	Va.		***************************************	Major findings of operations		
		0 0-	2.2.2		Date of op.	
			llimore Jr.	PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
Address P.	0, Box 86	2 Cumb	erland, Md.	22. VIOLENCE: If death was due to external c		
17. Bu:	rial	Date ther	eot June 1 1946 (mooth) (day) (year)			
				Where did injury occur?(City or town		
Cemetery or crematory HillCrest Cem. Location Cumberland, Md.						
				Injured at home, tarm, Industry, public place (wnerer)	
18. Funeral directo	Charle	s L. C	eorge	meens of injury	an Graner	
Address	Cumber	land.	Md	Inc. A. V	a Ormer, M.D.	
1. 11		/ 1/	(Transloi)	23. SIGNATURE.	M. D. or other	
19. Pate rec'd hy	registrar)	O	Registrar	Address Cumpleted	med Baje signed 30mg 4	

SUREAU V S.

CERTIFICATE OF DEATH

Outside		PARTMENT OF HEALTH s St., Baltimore F.E.
CityLin	WTC	E OF DEATH Reg. Diat. No4
ion carefully. The conclearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale Maryland County Allegany City or town Reside city or town limit, write BURAL and give rearest too (If outside city or town limit), write BURAL and give rearest too (If rural, give LOCATION) 2.(a) If yeleran, name war.
information of death cle	3. (a) FULL NAME	3. (b) Social Security Number
nfor of de	Harry Clayton Gillum 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
rding em of in	Male White Married	20. DATE DE DEATH
MARGIN RESERVED FOR BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes	B.(b) Name of husband or wife	21, I CERTIFY that death occurred on the date above stated; that I altended deceased from 19. 10. 19. and that I last saw h alive on 19. Immediate cause of death. DURATION Due to. Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
VS A15 PLEASE WRITE PLAINLY, WI	18. Interman Mra. Myrtle Gillum Address R.D.#3 Cumberland, Md. 17. Burial Date Interest May 14, 1946 (month) (day) (year) Cemelery or crematory Zion Memorial Cem. Localion Bedford Road 18. Funeral director Charles L. George Address Cumberland, Md. 19. May 14, 1946 P. Rauphin, M.D. (Date rec'd by registrar) Registrar	Autopsy results PHYSICIAN: Please underline the caose to which death should he charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide

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VS A15

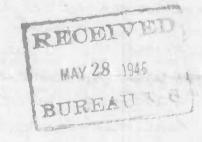
MARYLAND STATE DEPARTMENT OF HEALTH

04423

CERTIFICATE OF DEATH

			. /
Reg.	Diat.	No.	4

age	2411 N. Charle	s St., Baltimore 930	04423
rect s	CERTIFICAT	TE OF DEATH	Reg. Diat. No.
death clearly and legibly.	1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and five nearest town) How tong in above place of death? Hospital, institution or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF (Formewborn infants give residence of n State County of	write RURAL and give nearest town
information of death cle	3. (a) FULL NAME Paul F Boldon	within	3. (b) Social Security Number 216-22-7316
n of info uses of	Ande Mite Practice (a) Single, married, widowed, or divorced	820-17	RTIFICATION
ly everytem of write the causes	8.(6) Name of husband or wife 2003 400 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	21. I CERTIFY that death occurred on the date about	1 11. 1- 1.1
y eve	7. Birth date of deceased (mo., day, yr.) Jame 5 18 73	and that I last saw h alive on limmediate cause of death	
Supp	8. AGE: Years Months Days If less than one day	Christian fil	nt plus & week
ADING INK. Physicians: pl	8. Birthplace (Town, county distate) 10. Usual occupation Research Additional Additiona	Due to. Chiam My	and to
DINC	11. Industry or business	Due to	
Tr.	12. Name Carl Stelano	Other conditions apopulation	Mike 4 months
WITH UNI important.	14. Maiden name Mary Ellew Cosgrove 15. Birthplace Barton, Mary Land	(Include pregnancy within 3 m	nonths of death)
. >	18. Informant Dane Bullemunthing	Autopsy results	
E S	17. Burial, eremation, or removal, Which; Bate thereof (morth) (day) (year)	22. VIOLENCE: If death was due to external cards Accident, eulcide, or homicide	Date of
VRITE	Commetery or crematory Location Controlled Total	Where did injury occur?(Ofty or town) Injured at home, farm, industry, public place (wh	ere?)
PLEASE	18. Funeral director. Local Blanc Luc Address Combuland and	Means of Injury	Injured at work?
PLE	19. May 20 19.46 J. P. Franklin M. A. Registrar	23. SIGNATURE.	M. D. or other



CERTIFICATE OF DEATH

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80	2411 N. Charle	PARTMENT OF HEALTH	04424
correct	CERTIFICAT	TE OF DEATH	Reg. Dist. No.
information carefully. The cor of death clearly and legibly.	1. PLACE OF DEATH: County	City or town (If outside city or town limit Street No. 329 11 (If rural, give	s, write RURAL and give nearest town)
ttior h cl	How tong in hospital or institution?	2.(a) If veteran, name war	
rma	To harles Dr	inter	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Char	ertification
BINDING ry item of iche causes	B.(b) Name of husband or wife Sandie Roman	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from
VED FOR BIN Supply every it	7. Birth date oil deceased (mo., day, yr.)	and that I tast saw h	ourbon Juration
RESERVED INK. Suppians: please	9. Birthplace (Toyn, county, and state)	Due to Orlew clerry	'
0.5	10. Usuat occupation	Que to	
T IT	12. Hame W ml. Suntu. 13. Birihplace Wales	Other conditions	
Tar D	11. Maiden name Anna Stewart	(Include pregnancy within 3	
I) WITH	14. Maiden name Anna Stessard 15. Birthplace Walss	Major findings of operations	
	16. Informant Man. Santa	Autopsy results	
M PLAINLY, is especially	Address Cumberland.	22. VIOLENCE: tl death was due to externat ca	
	(Burial, cremation, or removal. Which?) Complete or crematory of crem	Accident, suicide, or homicide	
9.45-15M WRITE I	Cemetery or crematory Ala Little K. Malla Cland	Where did injury occur?(City or town) thjured at home, farm, industry, guille place (v	
. 6 . E WI	18. Funeral director Attani Stein Ind	Meens of Injury	injured at work?
10	Address Commberland	23. SIGNATURE	ason are
VS-AU	19 May 28 19 46 Joseph P. Doublin M. Registrar	1256 Heleon ff week	ex all like in D. of other large

JUN 4 1946
BUREAU V 6

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Dist.	4	1	16
Dist.	No.		7

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 200 (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Violet Cecelia Hoenf	11:ng 3. (b) Social Security Number 214-07-2648
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 5:ng/e	MEDICAL CERTIFICATION 20. DATE DF DEATH
8.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days It less than one day 28 / 17 hrs. mtn. 9. Birthplace / H/C Orleans, Alleany, Md. (Town county, And state)	Due to Decide Company
11. Industry or business Celonese Corp 12. Name Gilbert & Hacuttling 13. Birthplace Accident, Md.	Diter conditions (Include pregnancy within 3 months of death)
14. Maiden name Emma F. Apple 15. Birthplace Little Orleans, Md. 16. Informant Theodore Haenftling	Major findings of operations
Address Combarland, Md 17. Burial, cremation, or removal. Which?) Cemelery or crematory Hillerest Ceme tary	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Johns Johns Address Carpetroland, 18.	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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JUN 4 1946
BUREAU V.E.

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

04426

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number 217-24-240
HARDMAN , CLINTON M , MR , 4. Sax 5. Color or race 6.(g)Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
MALE SHITE WIDOWER	20. DATE OF DEATH
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birlh date of FEB. 1 1873	and that I last saw h. k. k. k. 2. alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 73 9. Birthplace (Town, county, and state)	Immediate cause of death Duration 3 200 Due 10
10. Usual occupation	Due to
12. Name HARDMAN, LEVI	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name MARY MARY	Major findings of operations
15. Birtholace PA.	Date of op.
18. Informant Resse I Fardman	Antopsy results
Address Comberland	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal, Which?) (Burial, cremation, or remoyal, Which?) (month (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Philogeness Cinn.	Where did Injury occur?
Carrete land	injured at home, farm, industry, public place (where?)
Coallon It: 1921	Means of Injury Injured at work?
Address Cumberland	23. SIGNATURE Outtur F. James Tu. S.
19. May 1, 1946 J. P. Franklin M. Registrar	Address 60 5. Centre 5t. Date signed 5-8-46

MAY 14 1946

2411	N.	Charles	St.,	Balti	imore	1860
CERTI	FI	CATI	E (OF	DE	ATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

	D1.	XXI	M DAIL	ANAC	T TATE TO THE	01	A A A A A
2	411	N.	Charles	St.,	Baltimore	(18)	(2)

low long to hospila	t or institution?	1 Hou	ır
3. (a) FULL NA	ME Alt	ert G.	Harsh
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorc
Male	White		Single
7. Birth date of deceased (mo., d	ay, yr.) June	21, 189	c) If alive, give age
8. AGE: Y	ears Months	Days 29	triess than one day
D. Harrist accountable		Camp n	Lites Lites La
11. Industry or busi	ness	B & O I	Helper RAilroad
11. Industry or bus	Aquilla H Martins	B & O I arsh burg, W.	RAilroad Va.
11. Industry or busing the second sec	Aquilla H Martins me Mary D Keyser, James F, H	B & O I arsh burg, W. ayton W. Va. arsh	RAilroad Va.
11. industry or bus 12. Rame	Aquilla H Martins Mary D Keyser, James F. H Race St.	B & O I arsh burg, W. ayton W. Va. arsh Brownsv:	RAilroad Va.
11. Industry or busing the second of the sec	Aquilla H Martins Mary D Keyser, James F. H Race St. rial matory Hi	B & O I arsh burg, W. ayton W. Va. arsh Brownsvi	RAilroad Va. ille, Pa. (month) (day)
11. Industry or busing the second sec	Aquilla H Martins Mary D Keyser, James F. H Race St. rial matory Hi	B & O I arsh burg, W. ayton W. Va. arsh Brownsv: Charles Cumberl	Na. Va. Ille, Pa. (month) (day) t Cemetery

(For newborn infants give residence of mother)
stateMarylandcountyAllegany
City or town. Cumberland (If outside city or town limita, write RURAL and give nearest town)
Streel No. 210 Maryland Ave. (If rural, give LOCATION)
2.(a) If veleran, name war
3. (b) Social Security Number
705-07-9671
MEDICAL CERTIFICATION about P.
20. DATE OF DEATH May 20th., 19 46 at 11 a 15 M
21. I CERTIFY that death occurred on the date above stated; that I stiended deceased from
and that I last saw halive on
Immediate cause ol death
Coronary Occlusion
Due to
Due to
Legenstion seeds of eccinut
Other conditions Laceration scalp of occiput,
sustained in falling to street. (Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
22. VIOLENCE: tf death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
injured at home, farm, Industry, public place (where?)
Maans of Injury Injured at work?
23. SIGNATURE CALLOS H. D. or other
Cumberland, Maryland Date signed 5-21-46
Address. Date signed.

Deputy Medical Examiner - Allegany Co.



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (0)

04428

CERTIFICATE OF DEATH

-	7	Reg.	Diat.	No.	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
George Hershberger 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M. W. Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH May 17
8. (b) Name of husband or wife. Martha Hershberger 7. Sirih date of deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. # 6
11. Industry or business W. M. R. R. E 12. Name John Hershberger 13. Sirthplace Cumberland, Md. E 14. Maiden name Mary Rogers 15. Sirthplace Unknown	Other conditions
Address 11 Perry St. Ridgeley, W. Va.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Buriai, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cometery Localion Cumberland, Md.	Accident, suicide, or homicide
18. Funeral director. William H. Kight Address Cumberland, Md. 19. May 18, 19 46. J. P. Franklin, M. D.	23. SIGNATURE Blume M. J. Schwille M. D. or other

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MAY 21 1946

BUREAU V.B.

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

CERTIFICATE OF DEATH

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og.	Diat	. N	lo.			4	**

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Office Gay rug	
(If ontolde city or town inguts, write RURAL and give nearest town)	(F) / T-9-1 1
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest lown)
7	Street No.
Miner Despular	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jenny Vordon	Molsinger -
4. Sex S. Color or race (a) Single, married, widowed, or divocced	MEDICAL CERTIFICATION
Female White Widered	20. DATE OF DEATH. May 18th 1946, at 5 MM
B.(b) Name of husband or wife OSserge	21. I CERTIFY that death occursed on the date above stated; that Lattended deceased from
	19. 4.6, to MAG 10 19. 4.6.
7. Birth date of	and that I last saw helmalive on Many 12 19
deceased (mo., day, yr.) R AGE - Years Months Days If less than one day	Immediate cause of death DURATION
0. AUL.	Mana Mustarding Several
74 11 4hgs.,min.	- marth
9. Birthplace and and a sale	Duo to.
(Town, county, and state)	Jef fer len sell - There
10. Usual occupation	Oue to.
11. Industry or business	
12. Name	Other conditions
13. Birthplace Scolland.	(Include pregnancy within 3 months of death)
H 14. Malden name January J Others	
14. Malden name 15. Birthplace Scolland	Major findings of operations.
2010 100 1001	
16. Informant	Antopsy results
Address Caran Mines 119 -	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burlal, cremation, or pernoval, Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
0 1 6	Where did injury occur?
8 6 1 7 7 - 1 4	(City or town) (Connty) (State)
Location Quantity and formation of the state	Mesns of Injury Injured at work?
18. Funeral director	meens of many
Address Frostling	1197/ Tanks MA
W. X. S. A. A.	23. SIGNATURE M./D. or other
19. J-11 19 to Mes. Molley A ME	Frathere M4 11 3-11-46



CERTIFICATE OF DEATH

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	U	A.	7	U	V
M	-	-			

V	416	766	U	V	
D	D		M		

2411 N. Char	DEPARTMENT OF HEALTH rles St., Baltimore 30 TE OF DEATH A Reg. Dist. No. 4
1. PLACE OF DEATH: County Allegany. City or town Cumberland, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Allegany Hospital, Cumberland, Maryland How long in hospital or institution? 108 days	State Maryland County Allegany City or town River City or town limits That Rall and give nearest town) Sireet No. La Vale (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number 705-09-3513
Mr. John J. Howe 4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day 7. Birthplace England 10. Usual occupation Retired Occupation 11. Industry or business B. & O. R.R. Co. 12. Name Jonathan Howe 13. Birthplace England 14. Maiden name Catherine Edwards 15. Maiden name Catherine Edwards 16. Co. Co. Co. Co. Co. 17. Birthplace England 18. (c) If alive, give age year 8. (c) If alive, give age year 8. Co. For incomplete Co. Co. 18. AGE: Years Months Bays If less than one day 19. Birthplace England 10. Usual occupation Retired Co. 11. Industry or business B. & O. R.R. Co. 12. Name Catherine Edwards 13. Birthplace England 14. Maiden name Catherine Edwards 15. Co. Co. Co. 16. Co. Co. Co. Co. 17. Co. Co. Co. Co. Co. 18. AGE: Years Months Bays If less than one day 19. Birthplace England Co. Co. 10. Usual occupation Retired Co. Co. 11. Industry or business B. & O. R.R. Co. 12. Maiden name Catherine Edwards 13. Birthplace England Co. Co. Co. 14. Maiden name Catherine Edwards Co. Co. 15. Co. Co. Co. Co. Co. Co. 16. Co. Co. Co. Co. Co. Co. Co. 17. Co. Co. Co. Co. Co. Co. Co. Co. 18. Co. Co.	Immediate cause of death Lucy alvu alsus a Due to Children lucy and a lucy Oue to Other conditions W. and a months of death)
14. Maiden name Catherine Edwards 15. Birthplace Wales	Major Endings of operations
Address La Vale, Maryland 17 Burial Date thereof May 6 1946 (Burial, cremation, or removal, Whiteh?) Cemelery or crematory Rose Hill Cem. Location Cumberland, Md.	Where did injury occur?
18. Funeral director Charles L. George Address Cumberland, Md. 19. May 6, 19. 46 J. F. Franklin, M. A. (Date rec'd) y registrar) Registrar	23. SIGNATURE De abet Krity 7. D Address. Koup Wol Bate signed 5.5

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Dr Laurs

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

044314

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Ollegan	(For newborn infints give residence of mother)
CHARLY PACK	State Tyd County allegany
(If outside city or town limits, war e RURAL and give nearest town)	(0.0.
How long In above place of death? Lweels	(If outside city or town Whits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	0
allegany Hospital	Street No
How long in hospital Dinstitution I weeks.	2.(a) If veteran, name war
3. (a) FULL NAME Charles E	3. (b) Social Security Number
Charles Gruess	Jones your
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Child	741 70 11/ 312
marce hand banks	20. DATE DE DEATH 24 29 19.4 6 , at 3:2.
S.(b) Nams of husband or wife	21. I CERTIFY that death accurred on the date above stated; that I aftended deceased from
	May 24 19 46 10 May 24 10.
7. Birth date of	and that t last saw h alive on May 28 19 J
7. Birth date of deceased (mo., day, yr.) Feb 6, 1946	
8. AGE: Years Months Days It less than one day	
0 3 23hrs	perilorites Solo
0 0 1 1 200 0 =	<u> </u>
9. Birthplace Cumberland allegany on le	4 Due to intermetalin 5 de
(Town, count And state)	
10. Usual occupation.	Due to.
11. Industry or business	550 (0
EI IP'OL A	
13. Birthplace Melwastle Va	(Include pregnancy within 3 months of death)
14. Maiden name Willavere Gray	inhum en la
	Major fiadings of operations. Inclusive capture.
\$ 15. Birthplace New Castle Va.	Date of op.
18. Informant Uniford Description	Autopsy results.
Address Capalstown . Tud.	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
Audiess	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Semoval Sterial Date therept Mare	Accident, suicide, or homtcide
(Murial, cremation, or removal, Which?) (month) (day) (fear)	
Cemetery or crematory and and a company	Where did injury occur?
Location New Castle Pa: ()	Injured at home, farm, industry, public place (where?)
0.0 0 41.0	Means of tnjury tnjured at work?
18. Funeral director	
	1 111
Address Comment Real Comment .	(MI)
Address Cumberland ded.	23. SIGNATURE & MM. D. or other

JUN 4 1946
BUREAU V. S.

2411 N. Charles St., Baltimore 159

Call Steins

04432

	ERTIFICATE OF DEATH
1. PLACE OF DEATH: County Allegany City or town Cumberland, Maryland (If outside city or town limits, write RURAL and How long in above place of death? 17 hours 5 milled the spital, Institution, or street address where death occurred: Memorial Hospital How long in hospital or institution? 17 hours 5 milled to the spital 3. (a) FULL NAME Baby Girl Karns (State Maryland County Allegany Cumberland City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 300 Massachusetts Avenue (If rural, give LOCATION)
4. Sex 5. Color or race 6.(a) Single, married, w	dowed, or divorced MEDICAL CERTIFICATION
Female White Single	20. DATE DF DEATH May 18, 19 46, 215:45P
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less	e age years an one day 21. I CERTIFY that death occurred on the date above stated; that Ditended deceased from 19.40, to 19.40, to 19.40 Immediate cause of death DURATION
1.7	hrs. 5. min. 1 remakers (7/2) hitte
9. Birthplace	Due to
18. Informant Cumberland, Maryla	
V .	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
P 00.0 01	Mod . Injured at home, tarm, Industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address Cembriland .	and It forms.
19. May 20, 19 46 J. P. Fa	uklin, M. D. or other Registrar Address. Landauf M. D. or other Date signed 5. 20. 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 837

CERTIFICATE OF DEATH

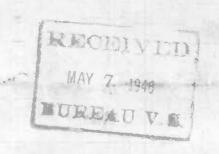
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Reg. Dist. No. 1. PLACE OF DEATH Allegany 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newhorn infants give residence of mother) County..... Maryland Allegany Cumberland (If outside city or town limits, write RUKAL and give nearest town) (If outside city or town limits, write RURAL and give nesrest town) How long in above place of death?. Hospital, institution, or street address where death occurred: 721 Green St. Street No.... Allegany Hospital (If rural, give LOCATION) 3 days How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number Miss Katherine Keifer 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION White Single Female 19 46 at 4:22 Am 21. I CERTIFY that death occurred on the date above stated: that f atjunded deceased from B.(b) Name of husband or wife..... S.(c) If alive, give age deceased (mo., day, yr.) 8. AGE: Maryland At home 10. Usual occupation... 11. Industry or business (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof May 3 Accident, suicide, or homicide..... (Burial, cremstion, or removal, Which? (month) (day) (year) Where did injury occur?(City or town) (County) (State) injured at home, farm, industry, public place (where?) ... Means of Injury Inlured at work? 21. SIGNATU

information carefully of death clearly and tem of i MARGIN RESERVED FOR BINDING Supply UNFADIN WITH UNF PLAINLY WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-CERTIFICATE OF DEATH

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				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.				
How long in above plants Hospital, institution,	ace of death? or street address where	death occurred	al					
3.(a) FULL NA Willia	me m Kelly				3.0	(b) Social Security N	-1314	
4. Sex Male	5. Color or race White	6.(a)Single	e, married, widowed, or divorced	MED 20. DATE OF DEATH MAY	ICAL CERTI		5:15 P.	
The state of the s			c) It alive, give ageyea	and that I last saw #				
	ears Months	Days 5	it less than one dayhrs	Immediate cause of death	abelia	ių:	DORATION	
9. Birihplace	noss Que	county, and a	mit Ind.	Due to				
14. Malden nai	me Brid	get Bri	Helly my dast X. Tagods	(Incinde pregnancy within 3 months of death) Major findings of operations. Date of op.				
Address 11	distribution, or removal Which	Date there	eol month) day) (year)	PHYSICIAN: Please underline the canse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide				
18. Funeral directo	Climber	la f	Tracklei M	Injured at home, farm, industry, pu Means of injury 23. SIGNATURE	ablic place (where?)	Injured at work?)	
19. (Date rec'd by	registrar)	/	Registr	Address	unelous	Date signed	576/X6	

9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

	2411	N.	Cha	arlea	St.,	Balt	imore	18	3)
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F	leg. Dist. No.	

Allegany

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary da County Alle 2 d N y City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 3 3 5 5 7 . (If rural, give LOCATION) 2.(a) If veteran, name war
hester Wilburn Kenney	Hone
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION about P. 20. DATE DF DEATH May 15th., 1946 12.30
8.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
9. Birthplace Cumberland, #/Reany, Mary land 1D. Usual occupation. Public School	Due to
12. Name. Marshall Kenney 13. Birthplace Wiley Ford, West Va. 14. Malden name. Bullah Wilburn 15. Birthplace Grantsville Maryland	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Mars hall Kenney Address 33-5th 5+ Comperland, Maryland 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Zion Memorial Comptery	Antopsy results. NO autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide accident Where did in turn occur? Cumberland, Allegany, Md.
Location Bedtord Rd., Conterland, Maryland 18. Funeral director. Address Comberland Maryland. 19. May 18 1946 & Faullin, M.D. (Date rec'd by registrar)	(City or town) (County) (State) tnjured at home, farm, industry, public place (where?) Potomac River Moans of injury drowning tnjured at work? no 23. SIGNATURE Cumberland, Maryland Date signed 5-16-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

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CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	(For newborn infants give residence of mother)		
County Allegany,			
City or town (If outside city or town limits, write RURAL and give nearest town)	State 70 county Allegany		
(If outside city or town limits, write RURAL and give nearest town)	City or town Cuan Seriand (If outside city or town limits, write RURAL and give no		
How long in above place of death?			
Nospital, institution, or street address where death occurred:	Streel No. 623 Columbia Ave		
623 Columbia Ave.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war	*************	
3. (a) FULL NAME	3. (b) Social Security	Number	
George W Kiiffnen	705-09-	9885	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W Married			
17 17 1977/24	20. DATE OF DEATH. 1946. 1946.	at .1.2.2.5.A.	
8.(b) Name of husband or wife Ella "Habl" Kiiffner	21. I CERTIFY that death occurred on the date above etated; that I atteaded dec	eaced from	
B,(b) Name of husband or wife.	February 1946 10 May	0 19 46	
7. Birth date of 4 18-17-7	and that I last saw h win alive on May 5	1046	
7. Birth date of deceased (mo., day, yr.) June 18-1877			
8. AGE: Yeare Months Daye If less than one day	Immediate cause of death Myocarditis Chronic	DURATION	
o. Aug.	Myocarallo Chronic	Lyro	
68 10 18nre. min.	/	•••••••••	
C. Land Alleman Md.	Due to.		
9. Birthplace Cumpber 10 70 Allegary Md	Due 19	***************************************	
10. Usual occupation Peticed - Hostlar	***************************************		
10. Usual occupation	Due to	***	
11. Industry or business Bro RR			
12. Name John Kriffner	Other conditions BRONCHIAL Asthma	6 mos	
	Other conditionsx		
13. Birthplate Glemany	(Include pregnancy within 3 months of death)		
14. Malden name Elizabeth Hartung			
	Major findings of operations.		
2 15. Birthplace Germany	Date of op		
16. Informant Island Ella Hilland	Autopsy results	************************	
	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address Combessard, Heed,	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)			
	Accident, suictde, or homicide		
Cemetery or crematory Trinity Lutheron Cometery	Where did injury occur?	(State)	
, 7 (
Location Cumberland, Md	Injured at home, farm, Industry, public place (where?)		
18. Funeral director John L. Hopes	Moane of Injury tnjured at work?		
	Dund 12 0	n.9-	
Address Compbeeland theol,	Murevaskis J.	. IN h).	
on a il cor II. mil	23. SIGNATURE	or other	
19. Slace & 1946 X. I. Asauklen M. N.	R'une bestand Mid	May 7, 199	
(Date rec'd by registrar) Registrar	Address Date signed		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

.. Date signed 6/9/

CERT	IFICATE OF DEATH
1. PLACE OF DEATH: County	11 City or town FUFEL FIRST KOVSOT W VS
Sallie Susan Kile	of (o) bother became y remote
4. Sen 5. Color or race 6.(a) Single, married, widowed, or div	worced MEDICAL CERTIFICATION 20. DATE OF DEATH. May 31, 1946 19 21 9:30 p. 1
6.(b) Name of husband or wife	years 21. I CERTIFY that death occurred on the date above slated; that I altended deceased from 1944 to March 1844 and that I last saw have alive on May 3/ 19.46
	Immediate causof death Renal 2 no
8. Sirthplace Pendleton Co. W. Va. (Town, county, and state)	Due to Daterio Jelevina
10. Usual occupation	Due to
12 Name Alfred Kimble 13. Birthplace Pendleton Co. W. Va. 14. Maiden name Phoebe Shirk 15. Birthplace Pendleton Co. W. Va. 16. Informant One M. Kile	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant One M. Kile Address R#3, Keyser, W. Va.	Autopsy results
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Dawson, Md.	
	rectors Means of Injury Injured at work?
19. June 3 19. 46 April & Bori	23. SIGNATURE G. G. M. D. or opher. Registrar Address Leyser W. V. Q. Date signed 99/46



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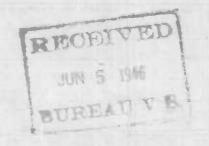
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	max. Va (NV) and va
(It outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write BURAL and give nearest town)
Hospital, institution, or street address where death podured:	Street No. 12 Hell Street
Id Alle Aveel	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
margaret / amount	losterman mone
4. Sex 5. Colorior race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ismales white married,	20. DATE OF DEATH. 2019 31 1946. at 1 2 A.M.
John Klasterman	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8,(b) Name of husband or wife 2	1940 19 10 May 3/ 1946
7. Birth date of	and that I last saw h la allye on May 29 1 19.46
deceased (mo., day, yr.) 8 ACE: Years Months Days If less than one day	Immediate cause of death
110 - 21	types answor Servey
77 5 66min.	Gears.
9. Birthplace Copin (Rolen, county, shalstate)	Due to.
1D. Usual occupation house well	for fill for all the same of the same
9 0 1	Due to
11. Industry or pastness home	
12. Name John Jakrin 13. Birthplace Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Meteccal Folks 15. Birthplace Maryland	Major findings of operations
X 15. Birthplace Mary Caud	
18. Informant John Klosterman	Antopsy results
Address / Frontbura md	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
110 2 1011	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Frostlying Md.	Injured at home, farm, industry, public place (where?)
O COURTH	Means of tnjury tnjured at work?
16. Funeral director	man C Small
Address / Transling, Mal.	23. SIGNATURE AS CONTROL OF CONTR
19	- 8 15 Ans a Mil (M. D. or other
(Date rec'd by registrer) - Registrer	Address Date signed 6 -1 - 46



Reg.	Dist.	No.

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g.	Dist.	No.	

04444

2411 N. Char	EPARTMENT OF HEALTH cles St., Baltimore ##F TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
3. (a) FULL NAME Mrs. Mary Kromholz 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. 5/10 19.46 at 1:2
7. Birth date of deceased (mo., day, yr.) 1/24/1900 8. AGE: Years Months Days If less than one day 46 3 16 hrs. min 5. Birthplace Freeport Tilinois Til	Immediate cause of death OURAY Carlingmy Livi with metoslesse ?
10. Usual occupation Hausewife 11. Industry or business	Que to
12. NameFr ank Oc ker 13. Birthplace Germany 14. Maiden name	Other conditions
Address 20 7 Victory St. Rockford Ill., Burnial-marker worked which? Competer or crematory. Galvary Cem.	Autopsy results. M. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of
Freeport Ill., Location Louis Stein Inc., Address Cumberla nd Md	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE. W. Olfeed Va Oems, M. D. M. D. or other



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1. PLACE OF DEATH:

DR HODGES whitwarth 2411 N. Charles St. 7 ...

CERTIFICATE OF DEATH

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3. (a) FULL NAME BABY GIRL LAFFERTY 4. Sex 5. Color or race 6. (a) Single married, widowed, or divorced from the service of the service	How long in hospital or	r tnstitulion?	3 DA	YS
FEMALE WHITE 8.(b) Name of husband or wife 8.(c) If alive, give age 7. Birth date of deceased (mo., day. yr.) MAY 16.1946 8. AGE: Years Months Days If less than one day 3 hrs. 9. Sirthplace CUMVERIAND MD. ALLEGANY (Town, county, and atate) 10. Usual occupation 11. Industry or business 12. Name RAY LAFFERTY 13. Sirthplace MD. 14. Maiden name MYRTLE PROPST 15. Birthplace W. VA. 18. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD. 17. Burial Date thereof May 14, 15 (Burial, cremation, or removal, Which?) Cemetery or crematory Eckhart Cem. Eckhart, Md. Charles L. George Cumberland Mdd.				
FEMALE WHITE 8.(b) Name of husband or wife 8.(c) If alive, give age 7. Birth date of deceased (mo., day. yr.) MAY 16.1946 8. AGE: Years Months Days If less than one day 3 hrs. 9. Sirthplace CUMVERIAND MD. ALLEGANY (Town, county, and atate) 10. Usual occupation 11. Industry or business 12. Name RAY LAFFERTY 13. Sirthplace MD. 14. Maiden name MYRTLE PROPST 15. Birthplace W. VA. 18. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD. 17. Burial Date thereof May 14, 15 (Burial, cremation, or removal, Which?) Cemetery or crematory Eckhart Cem. Eckhart, Md. Charles L. George Cumberland Mdd.	BABY G	TRL LAFF	ERTY	
8.(b) Name of husband or wife 8.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days tf less than one day 3	4. Sex			married, widowed, or divorce
7. Birth date of deceased (mo., day, yr.) MAY 16.1946 8. AGE: Years Months Days tf less than one day 3 hrs. 9. Sirthplace CUMVERLAND LD ALLEGANY (Town, county, nrid ante) 10. Usual occupation 11. Industry or business 12. Name RAY LAFFERTY 13. Sirthplace MD MYRTLE PROPST 14. Maiden name MYRTLE PROPST 15. Birthplace W VA 15. Birthplace W VA WEMORIAL HOSPITAL Address CUMBERLAND MD Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Md Cumberland Cumb	FEMALE	WHITE	1	ingle
7. Birth date of deceased (mo., day, yr.) MAY 16.1946 8. AGE: Years Months Days tf less than one day 3 hrs. 9. Sirthplace CUMVERLAND LD ALLEGANY (Town, county, nrid ante) 10. Usual occupation 11. Industry or business 12. Name RAY LAFFERTY 13. Sirthplace MD MYRTLE PROPST 14. Maiden name MYRTLE PROPST 15. Birthplace W VA 15. Birthplace W VA WEMORIAL HOSPITAL Address CUMBERLAND MD Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Cumberland Md Cumberland Cumb				
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days tf less than one day 3 hrs. 9. Sirthplace CUMVERLAND MD ALLEGANY (Town, county, arid atate) 10. Usual occupation 11. Industry or business 12. Name RAY LAFFERTY 13. Sirthplace MD MYRTLE PROPST 14. Maiden name MYRTLE PROPST 15. Birthplace WaVA 18. Informant MEMORIAL HOSPITAL Address CUMBERLAND MD MEMORIAL Gerial, cremation, or removal. Which?) 17. Burial Burial Charles Cema Eckhart Cema Cematory Eckhart Cema Charles L. George Cumberland Md Md Md Md Md Md Md	Contract the Contract			***************************************
deceased (mo., day, yr.) MAY 16.1946 8. AGE: Years Months Days tf less than one day 3	7. Birth dats of			
9. 8irthplace CUMVERIAND MD ALLEGANY (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name RAY LAFFERTY 13. 8irthplace MD MYRTLE PROPST 14. Maiden name MYRTLE PROPST 15. Birthplace W.VA. 18. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD. 17. Burial Burial Date thereof May 14, 15 (Burial, cremation, or removal, Which?) Cemetery or crematory Eckhart Cema Location Charles L. George Cumberland Md.	deceased (mo., day, y			
9. Sirthplace	8: AGE: Years	Months		tf less than one day
10. Usual occupation 11. Industry or business 12. Name			3	hrs
14. Maiden name 15. Birthplace W.VA. 18. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Eckhart Cem. Eckhart, Md. Location Charles L. George Cumberland Md	10. Usual occupation 11. Industry or busines	·s		•
14. Maiden name 15. Birthplace W.VA. 18. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Eckhart Cem. Eckhart, Md. Location Charles L. George Cumberland Md	10. Usual occupation 11. Industry or busines	·s		•
Address CUMBERLAND, MD. Hurial (Burial, crematory Cemetery or crematory Eckhart Cem. Location Eckhart, Md. Charles L. George Cumberland Md	10. Usual occupation 11. Industry or busines 12. Name	RAY LAF	FERTY	
Address CUMBERLAND, MD. Hurial (Burial, crematory Cemetery or crematory Eckhart Cem. Location Eckhart, Md. Charles L. George Cumberland Md	10. Usual occupation 11. Industry or busines 12. Name	RAY LAF	FERTY	
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Eckhart Cema Eckhart, Md. Location Charles L. George Cumberland Md	10. Usual occupation 11. Industry or busines 12. Name	RAY LAF	FERTY	
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Eckhart Cema Eckhart, Md. Location Charles L. George Cumberland Md	10. Usual occupation 11. Industry or busines 12. Name	RAY IAF MD. MYRTLE	FERTY	ST
Eckhart Cem. Eckhart, Md. Location Charles L. George Cumberland Md	10. Usual occupation 11. Industry or busines 12. Name	RAY LAF MD. MYRTLE W.VA. MEMORIA	FERTY PROP	ST PITAL
Eckhart, Md. 18. Funeral director. Charles L. George Cumberland. Md.	10. Usual occupation 11. Industry or busines 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 18. Informant	RAY LAF MD. MYRTLE W.VA. MEMORIA CUMBER	FERTY PROP	ST PITAL
18. Funeral director. Charles L. George	10. Usual occupation 11. Industry or busines 12. Name	RAY LAF MD. MYRTLE W.VA. MEMORIA CUMBER al	FERTY PROPS L HOSS LAND, I	PITAL WD. eof May 14,19 (month) (day) (y
Cumbanland Md	10. Usual occupation 11. Industry or busines 12. Name	RAY LAF MD. MYRTLE W.VA. MEMORIA CUMBER al	FERTY PROPS L HOS LAND, Date ther	PITAL MD. May 14,19 (month) (day) (y
Cumbanland Md	10. Usual occupation 11. Industry or busines 12. Name	RAY LAF MD. MYRTLE W.VA. MEMORIA CUMBER al , or removal, Which ory. Eckl	FERTY PROPS L HOS LAND, Date ther	PITAL MD. May 14,19 (month) (day) (y
	10. Usual occupation 11. Industry or busines 12. Name	RAY LAF MD. MYRTLE W.VA. MEMORIA CUMBER al Corremoval Which Eckh	FERTY L PROP: L HOS. LAND, Date then hart C	PITAL WD. May 14 19 (month) (day) (y em. d.

2. USUAL RESIDENCE (HOME) C (For newborn infants give residence of	OF DECEASED:
State MD Co	unty ALLEGANY
EDOCUETEC H	dural ts, write RURAL and give nearest town)
Street No. ROUTE 1 (If rural, give	e LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
	None
MEDICAL C	ERTIFICATION
*0	19.46 at 7.2 M
21. I CERTIFY that death occurred on the date ab	pove stated: that I attended deceased from
10 may 19	
and that I last saw h	mon 46 18
	DURATION
Due to.	
Due to	
Other conditions	
(Include pregnancy within 3	months of death)
Major findings of operations	
	Date of op
Autopsy results	
22. VIOLENCE: If death was due to external ca	uses, fill in the following;
Accident, suicide, or homicide	Dale of
Where did injury occur?(City or town)	
Injured at home, farm, industry, public place (v	
Meens of Injury	injured at work?
	- PA ->1
23. SIGNATURE Fuller B	Millwarlle

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

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PLEASE

DR. GRACIE

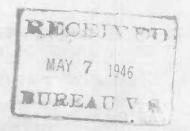
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-20)

CERTIFICATE OF DEATH

04446 · 4

County ALLEGANY City or town CUMBERLAND	(For newborn infants give residence of mother) State		
(If outside city or town limits, write RURAL and give nearest town)	CIMBERTAND		
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 311 ARCH ST (If rural, give LOCATION)		
How long in hospital or institution? 5 DAYS	2.(a) If veteran, name war		
3. (a) FULL NAME	3.(b) Social Security Number		
VIRGINIA LAM	- Hore		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE WHITE SINGE Divorced	20. DATE OF DEATH MAY 1 19. 46 , 21. 6 ; 50A at		
6.(b) Name of husband or wife Fred Smeifzer 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) JAN . 2, 1909	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2. 19. 4.6., to 20. 4.4. and that I ast saw h. Att. alive on		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
37 3 29hrsmin.			
9. 8irthplace	Due to. It deplacement of Shorton Due to. Due to. Description of Carcinoma Differ conditions Auration: served months cury q		
14. Maiden Fame LELIA BENNETT 15. Birthplace VA. Shenendooh, Vo.	(Include pregnancy within 8 months of death) Major findings of operations. January January Date of op.		
16. Informant MEMORIAL HOSPITAL Address CUMBERLAND MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial, cremation, or removal. Which?) Cemetery or crematory. United Brethren Cemetery. Location Shenandoan, Virginia	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, euicide, or homicide		
18. Funeral director. Address Carber Sacred Tuck. 19. Mark J. P. Mark Dir. Registrar. 19. Park Director of the period of the	23. SIGNATURE M. D. or other Address Cunterles Bate signed May 1 - 46		



2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

OF DEC	CEASED:	1.
County	ALLEGA	MY
RT.	RURAL and giv	re nearest town)
OAD		

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

RESERVED FOR BINDING

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	VS A15 9.45.15M	PLEASE WRITE PLAINLY, WITH UNFADING

1. PLACE OF DEATH: CountyALLEGANY		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED: f mother)	1
City or town. CUMBERLAND. (If outside city or town timits, write RUR		StalMARYLAND C	ounty ALLEGAMY	
(If outside city or town fimits, write RUR	AL and give nearest town)	CHYPOROGAL WESTERNPOL	Thursday, write RURAL and give ueare	
How tong in above place of death? 2 hours Hospital, institution, or street address where death occurred:				
MEMORIAL HOSPITA	AL.	Street No. MCCOOLE RO	ve LOCATION)	
How long in hospital or institution?		2.(a) It veteran, name war		
3. (a) FULL NAME			3. (b) Social Security No	amber
BABY BOY LAMBERT	(PREMATURE)		None	
4. Sex 5. Color or race 6.(a)Single, m	arried, widowed, or divorced	MEDICAL C	CERTIFICATION	
MALE WHITE SI	NGLE	20. DATE OF DEATH MAY 20	19.46	7:05a M
		21. I CERTIFY that death occurred on the date a		-
6.(b) Name of husband or wife			J, to	19
7. Birth date of PS 0.75 0.00 2.00 4.4	t alive, give ageyears	and that I last saw halive on		19
deceased (mo., day, yr.) MAY 20, 1946	0	Immediate cause of death		DURATION
o. Add.	2 hrs. 5 min.			
x2xhnx	hrs. min.	Juan. F	e and	***************************************
9. 8irthplace WESTERNPORT (Town, county, and stat	MARYLAND	Due to.		***************************************
10. Usual occupation PREMATUR		(Oraca		
		Due to		• • • • • • • • • • • • • • • • • • • •
11. Industry or business	Lan hoek		***************************************	
12. Name Solie Francis 2 13. Birthplace M western for M	arrene (Other conditions	***************************************	000000000000000000000000000000000000000
	arejava	(Include pregnancy within	months of death)	
HE 14. Maiden name the Jeroe H	ason	Major findings of operations		
	Maryland		Date of op	
18. Informant Jather: E. Frances Lan	her !	Autupsy results		
Address Rosete #3 Box 29, 4	vesternport, Md.	PHYSICIAN: Please underline the cause to		atistically.
	mars 21 1946	22. VIOLENCE: If death was due to external c		
	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Slooning Im	Cen-	Where did injury occur?(City or town	(County)	(State)
Location (Blooming ton)	md.	Injured at home, tarm, Industry, public place		
1. It & France	in La last	Means of Injury	Injured at work?	
18. Funeral director	L'AL	- 0 - 4	1. tur	the
Address Near Western por	of ma.	23. SIGNATURE		
19. May 21, 1946	Franklin, M.D.	Addrace Carrie	Paup M. D. or	

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MAY 28 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CER	TIF	CATE	OF	DE	ATH

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Reg. Diet. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3,(b) Social Security Number
Harmon G. Lehman	No. 22 /
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH May 15 19.46 , 213:15 P)
6.(b) Name of husband or wife Flora C. Baer	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Mry 12 1946, 10 Mars 15 1946
78	and that I last saw h
deceased (mo., day, yr.) Mar. 19, 1860	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	immediate cause of death
86 1 26min.	1 may line long 3 dins
Commonte	
9. Birthplace (Town, county, and state)	Due to Que to Qu
1D. Usual occupation Retired Cobbler	January John
Cohhlem	Due to.
11. industry of business	
2 12, Rame	Other conditions
	(include pregnancy within 3 months of death)
14. Maiden name Wilhemie Butt	
14. Maiden name Wilhemie Butt 15. Birthplace Germany	Major findings of operations
	Date of op.
16. Informant Mrs. Flora C. Lehman	Autopsy results.
549 Greene St. Cumberland, Md.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Rurial May 18 1046	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or cremalory. Rose Hill Cem.	Where did injury occur?
Cumberland Md	
Charles L. George	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director	
Address Cumberland, Md.	Mayor to ale has
m 11 1 1 109 11 m 1	23. SIDNATURE. M. D. or other
19. May 18 19 46 Joseph Owkly Mod (Date rec'd by registrar) & Registrar	Address 4 1 Islem It would have signed Miss
(Date rec a ly registrar)	AUGICOS

MAY 21 1946
BUREAU V. 8

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

46	Reg	Dist.	No.	

Proporate ilmita	107	2411 N. Ch	DEPARTMENT OF HEALTH arles St., Baltimore	60	4449
		CERTIFICA	ATE OF DEATH	Reg. I	Dist. No4
How long to above place Hospital, institution, o	outside city or town line of death?	mits, write KURAL and give nearest town)	City or town	County Alle County Alle Ilmits, write RURA Lance , give LOCATION)	L and give nearest town)
3. (a) FULL NAM	E	a Li'Lehman' Lin			ial Security Number
	5. Color or race	6.(a)Single, married, widowed, or divorced			love
4. Sex	5. Color or race	Married Wildwed, or differen	MEDICAL 2D. DATE OF DEATH	L CERTIFICA	
7. Birth date of deceased (mo., day. 8. AGE: Year 9. Birthplace	yr.) Aug. s Months g G mberlan (Town, Howse ss Own Pe Elizabe	Bays It less than one day A File any Ma country, and stated A man A	Immediate cause of death Carcinoma of g and pancreas Due to Carcinomatosi Due to	May 25., all blad S.	5-25 19 46- 19
_		indner			
Address Cu 17. Buri. (Burial, cremation	mberle	Date there Month (day) (year)	PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	to which death show nal causes, fill in the s own) (Co noe (where?)	following; Date of
18. Funeral director. Address Co	Gubres	L. P. Franklin M. S.	23. SIGNATURE 23. SIGNATURE Clambe Pand	Md.	M. D. or other

JUN 4 1948
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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 469

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CERTIFICA	ATE OF DEATH Rog. Dist. No. 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
LOCHNER, AUGUST MR. 4. Sex 5. Color or race MALE WHITE WHITE	MEDICAL CERTIFICATION 20. DATE DF DEATH MAY 6, 19.46 21 9:05
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days / It less than one day 71	Immediate cause of pleath Duration
12. Name LOCHNER JOHN 13. Birthplace Stermany 14. Maiden name FRATZ, MARY 15. Sirthplace Apracoung Maryland 16. Informant Mrs. Helman Bairage	(Include pregnancy within 3 months of death) Major findings of operations. Aotopsy results. PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Make of Manager Manager 17 Secretary Date thereof. Manager 19, 46 (Burlal, cremation, or renoval, Which?) Comeiery or crematory of Manager Ma	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. May 8, 1846 & Ranklin, M. A.	23. SIDHATURE D

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2411 N. Charles St., Baltimore (942)

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MARGIN RESERVED FOR BINDING

		CERTIFICA	ATE OF DEATH	Reg. Dist. No		
1. PLACE OF DEATH: County Allegany			(For newborn infants give residence	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State. Maryland. County Allegany.		
City or town(If	outside city or town i	erland mits, write RURAL and give nearest town) 5 years	Cambonland			
Hospital, institution,	or street address where	death occurred:	Sum to 5 Merion Street			
How long in hospital	or Institution?		2.(a) tf veteran, name war			
3. (a) FULL NAM		GE W. LOWERY		3.(b) Social Security 214-05-848		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Male	White	Married	20. DATE DF DEATH	19.46		
6.(6) Name of husban	d or wifeLula.	Geisbert	21. I CERTIFY that death occurred on the date	1946 10 May	7 10 46	
7. Birth date of	4 4 7	6.(c) If alive, give age	and that t last saw h	May 6	19. 46	
deceased (mo., day		21, 1888 Days If less than one day	Immediate cause of death	***************************************	. DURATION	
8. AGE: Yes	0	16hrs.	Coronary Occ/4		1 WEEK	
9. Birthplace Hyndman Ba Pa. (Town, county, and state)			Due to			
	PIDELLU ESS B. & O. F	ter . R.	Due to			
12. Name	Jacob I Hyndman	owery			40 yrs	
E 14. Malden nam		nces Deneen		(Include pregnancy within 8 months of death) Major findings of aperations.		
15. Birthplace	Hyndman, I	Pa.		Date of op.		
16. Informant	Mrs. Lula I	owery	Antopsy results.			
Address 5 Mg	arion Stree	t, Cumberland, Md.	PHYSICIAN: Please underline the cause to		statistically.	
17. Burial (Burial, cremation, or removal, Which?) Date thereof May 9 19 46. (month) (day) (year)			22. VIOLENCE: If death was due to external Accident, suicide, or homicide			
Cemetery or crematory Union Cemetery			Where did injury occur?(City or town	a) (County)	(State)	
Location Meyersdale, Pa.			Injured at home, farm, industry, public place	(where?)		
		. Kight	Manna of Inform	Injured at work?		
	umberland,		PUM	atio 2 m	5	
19 May 8, 1946 J. Granklin, M.A. (Date rec'd by registrar) 1946 J. Granklin, M.A. Registrar			Address Cumberland	M. D. M. D. Date signed	5/8/46	

MAY 14 1946

Service of the servic

2411 N. Charles St., Baltimore 485

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CERTIFICATE OF DEATH

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	-	1	Reg.	Dist.	No.

				1 2 HOURT DECIDENCE (FLORATE) OF	DECEASED.
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	mother)
				State MARYLAND Cour	nty ALICANY
City or town			RURAL and give nearest town)	City or town)
Hospital incitivities or	street address where	death occurre	d:	Street No. 220 HARRISON	
MEI:	IORIAL HO	DSPITA	L	Street No. (If rural, give:	LOCATION)
How long in hospital or	institution?6]	DAYS		2.(a) If veteran, name war	
3. (a) FULL NAMI	E				3. (b) Social Security Number
	MRS. ANI	TA LY	NCH		none
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
FEMALE	MITE	M	AR RIED	20, DATE OF DEATH MAY 13.	, 1946 19 11:30 A
6.(b) Hame of husband	or wife HOF	RACE I	YNCH	21. I CERTIFY that death occurred on the date abou	ve stated; that I attended deceased from
			(c) If alive, give ageyears	MAR. 13, 1946 18	10 MAY . 13 , 18 46
7. Sirth date of				and that I last saw halive oo	MAI 13, 18 40
deceased (mo., day, y		4 Days	If lese than one day	Immediate cause of death	DURATION
39		9	hrs mln.	CArdIAC FAIL	
		TD		Due to CALEINOMA	Zasi s
9. Birthpiace	(Town	, county, and	state)	Generalized	
10. Usual occupation	HOUSEW	TFE.	***************************************	Due to BrimAry Cr	4ktinama
11. Industry or busines				Cervix	
		VILER		Other conditions	
13. Birihpiace	PENNA.				
	MARY HO	OOK		(Include pregnancy within 3 n	
14. Maiden name 15. Birthplace	PENNA	<u> </u>	••••••••••••••••••••••	Major findings of operations	
	MEMOR IAL		FTT A.T.	-	
16. Informant				Autopsy results	hich death should he charged statistically.
Address	CUMBERL		1.1	22. VIOLENCE: It death was due to external cau	
17. Buris (Burial, cremation	1	Date the	reof May 16 1946 (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation	Alto R		metery (day) (year)	Where did injury occur?(City or town)	
			**************************************		(County) (State)
LocationHOL	ldaysburg.	prair	Pa		injured at work?
18. Funeral director.X	Villiam H.	Kight	***************************************	Meane of injury	1 PA - 1 B
Address Cum	berland, N	id.	•	22 SIGNATURE Fuller/	3 Mulwarlla
			P. Marchin M. A	23. SIGNATURE	M. D. or other
(Date rec'd by re	14 19 4 (e X:	Registra	Address 112 Bedfor	1 Date signed 13 Moys

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly. AARGIN RESERVED FOR BINDING

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MAY 21 1946
BUREAU V.S.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1700)

04453

CERTIFICATE OF DEATH

		100
Reg.	Dist.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegenty	State Maryland county Allegany
(If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? 25 hrs. 25 min.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. (If rurn), give LOCATION)
How tong In hospital or Institution? 25 hrs. 25 min.	2.(a) if veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
Homer Mann	217-10-6957
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION P.
Male White Married	20. DATE OF DEATH May 4th., 1946 19 19 25 M
6.(b) Hame of husband or wife ITEME Price Mann	21. I CERTIFY that death occurred on the date above stated; that I attended discessed from
7. Birth date of	and that I last saw hative_on
deceased (mo., day, yr.) March 1, 1910	Immediate casse of death
8. AGE: Years Months Days If less than one day	Extensive second and third 25 hrs.,
36 2 3	degree burns of head, face, 25 min.
9. Birthplace M& Keesport Allegheny Co. Pa.	Due to neck, trunk and extremities.
10. Usual occupation Clerk MAir plane Mechania	Due to
11. Industry or business	
12. Name Scott M. Mann 2 13. Birthplace Washington Co. Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Edith V. Creek 15. Birthplace Allegany Co. Md.	Major findings of operations.
\$ 15. Birthpiace Allegany Co. Md.	Date of op.
16. Informant Mrs. Irene P. Mann	Autopsy results. no autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Little Orleans, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, oremation, or removal, Which?) (Burial, oremation, or removal, Which?) (minth) (day) (year)	Accident, suicide, or homicide. accident Date of 5-3-46
Cometery or crametery Piney Plains Meth Church	Where did Injury occur? Belle Grove, Allegany, Md. (City or town) (County) (State)
Location Piney Plains Md	Injured at home, farm, Industry, public place (where?) highway Means of tnjury coll. of truck injured at work? no
18. Funeral director. Charles R. Bast	Means of Injury COLL OF TRUCK Injured at work?
Address Hancock Ma.	23. SIGNATURE PLUMO H. BOTLOTH W. B.
19. May 7 1946 & P. Mauklin, M.A. Registrar	Address Cumberland, Maryland Date signed Date Signed

Deputy Medical Examiner

- Allegany

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAY 14 1946
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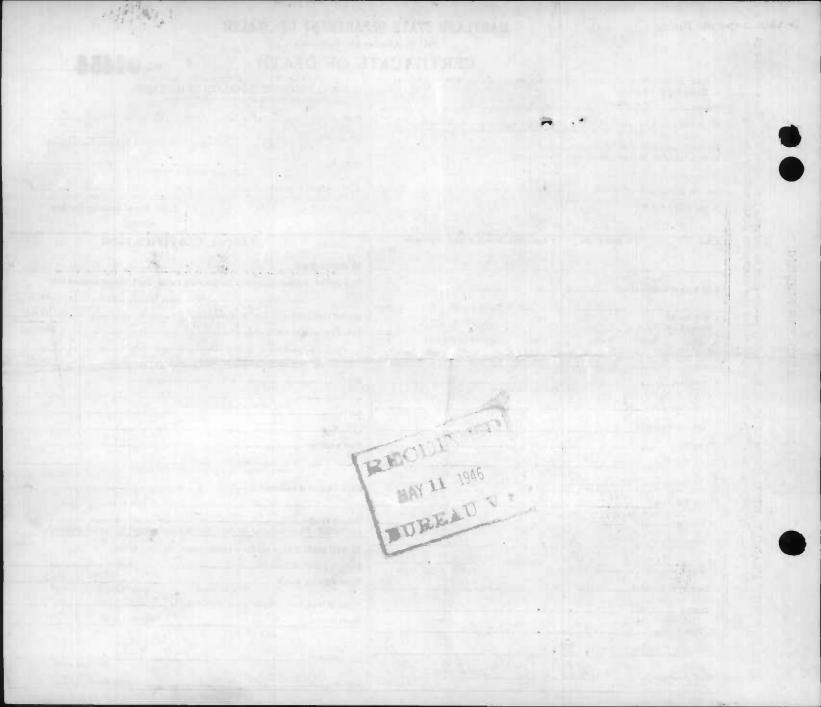
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

DR. SCHANDL				Ies St., Baltimore (32) FE OF DEATH	Reg. 0140 No.5.4. 4
1. PLACE OF DEATH: County				Street No. 404 DECATU	conty ALLEGANY County ALLEGANY D
R. HUGH	McCLEA	AVE			None
	WHITE		, married, widowed, or divorced SINGLE		CERTIFICATION 8, 46 11:25
) If alive, give ageyear 2 25, 1860	and that I last saw hi.M.alive on?	te above stated; that I attended deceased from 19
8. AGE: Years	Months 5	Days	If less than one dayhrs,min	Immediate cause of death	
9. Birthplace WES 10. Usual occupation R 11. Industry or business 12. Name ROB 13. Birthplace VI	(Town, o	ATTO	tate)	Due to Due to Diher conditions (Include pregnancy with	
14. Maiden name Sar 15. Birthplace	ah Ann VIRGIN		NSON	Major findings of operations	Date of op.
16. Informant	TORTAL			Autopsy results	
17. Burial (Burial, cremation, or r Cemetery or crematory Location	Rose Herland, Milliam	Date there ill Ce Md. H. Ki	metery Tranklin, M.A. Registra	Where did injury occur? (City or to injured at home, farm, industry, public plat Meena of injury)	Date of



Outside of City Limits

information carefully. The confident of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-0

04455

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE-OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: 20m Hospital institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number deceased (mo., day, yr.) 8. AGE: PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide, (City or town) (County) Injured at home, farm, industry, public place (where?) .. Meens of Injury injured at work? 18. Funeral director Address 23. SIGNATURE

JUN 4 1946
BUREAU V.B.

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2411 N. Charles St., Baltimore (3.4)



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CERTIFICATE OF DEATH

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		CLICITICA	E OI DEATH	Reg. Diat. No.
1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	of mother) .
County Cumberland Maryland (If outside city or town limits, write RURAL and give nearest town) Wow long in above place of death?			Barton	County Allegany
Hospital, Institution, or Me	street address where de morial Ho	ath occurred: spital	Street No	ive LOCATION)
How long in hospital or	Institution? 13 d	ays	2.(a) If veteran, name war	
3. (a) FULL NAME		Donald		3. (b) Social Security Number 2/3-09-95-15
4. Sex	George Mc	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Male	White	Married		46 ,11:20A
6.(b) Name of husband		A the medouald B.(c) If alive, give age 42 years	21. I CERTIFY that death occurred on the date :	above stated; that t attended deceased from
deceased (mo., day, y	L) Whit	Days If less than one day	Immediate cause of death	
62	6	26hrsmin.	0	
9. BirthplaceMA	(IOWB, ed	Barton allegany Co.	Due to.	
10. Usual occupation 11. Industry or busines	COBL Mi	arsenal	Due to	0 -
12. Name	John Japan News Social	cDonald Scotland	Other conditions	Durstion: Unknown
14. Malden name 15. Birthplace	Sarah O	ma Davis	(Include pregnancy within	.क्-छाः
	emorial H	, maryraby	Antopsy results	
Address C	umberland	, Maryland	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external	which death should be charged statistically.
	, or removal, Which?)	Date thereo May 2 / 946 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremato	Die .	w md.	Where did injury occur?(City or town thjured at home, farm, industry, public piece	
18. Funeral director	200	th S. Boal	Means of Injury	Injured at work?
Address	wester	raport med.	23. SIGNATURE	5 Jures
19. Date rec'd by re	20 19 46 gistraf)	J. P. Staulchu, M. A. Registrar	Addreson	Land 2017, 1946

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. B.

2411 N. Charles St., Baltimore 400

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		CERTIFICA	TE OF DEATH Rog. Diat. No	4
1. PLACE OF DEATH: County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Allegany Hospital How long in hospital or institution? Four days			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Garrett Co. Deer Park (If outside city or town limits, write RURAL and give nesses town) Street No	
3. (a) FULL NA	ME C. Miller		3 (b) Social Security N	lumber
4. Ser Male	5. Color or race White	6.(4)Single, marrind, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH MAY 3	•9:50 P
61	T	8.(c) If alivn, givn agn	and that I last saw h. L. L. Lalive on	
10. Usual occupation 11. Industry or buse 12. Name 13. Birthplace	Farmer	uctrew Milles	Due to	
14. Maiden na 15. Birthplace	allegh	eny Es, Md.	Major findings of operations. Date of op. Autopsy results.	
Address 17. Burial, cremat	Rial Which?) Thavery	Date thereot. 5 (monyh) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged a 22. VIOLENCE: If duath was dun to external causes, fill in the following; Accident, suicide, or homicide	
Location Ge	errett Co., 1	Maryland	(City or town) (County) Injured at home, farm, Industry, public place (whnre?) Menns of Injury Injured at work?	
Address 19 May 19 (Date rec'dly)	Oakland, Mo	J. P. Franklin, M. L. Registre	23. SIGNATURE M. D. O. M. D. O. Date Signed	Sylve

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MAY 14: 1946

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	Su	pleas
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	ADIN	Physic
	IUNE	rtant.
	WITE	odwi .
)	PLEASE WRITE PLAINLY, WITH UNFADING INK. Su	especially important.
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/	WRITI	
	PLEASE	

Evidence for change of age MARYLAND STATE DI	EPARTMENT OF HEALTH 1)4458
	FE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Mary Hall Mitchell 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 5 May 19.46 3:30p.m
8.(6) Name of husband or wife. Robert F. Mitchell 7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	21. I CERTIES that death occurred on the date above stated; that I altended deceased from 19.5 to 19.5 and that I last saw II
77 78 5 19 hrs. min. 9. Birthpiace Barchine - Lancastershire - Scotla (Town, county, and state) 10. Usual occupation. Housewife	nde to Aprile Stevens 3 mi
11. Industry or business Own home E 12. Name. Robert Spierr 13. Birthplace Scotland	Other conditions Assign Clore 6 Miles (Include pregnancy within 8 months of denth)
14. Maiden name Ann Robertson 15. Birthplace Scotland 16. Informant George Mitchell	Major findings of operations
Address Pittsburgh, Penna 17. Rurial (Burial, cremation, or removal, Which?) Cemetery or crematory Oak Hill Cemetery	22. VIOLENCE: if death was due to externat causes, fill in the following; Accident, suicide, or homicide
tocation Lonaconing, Md. 18. Funeral director Ellsworth S. Boal Address 111 Church St. Westernnort Md.	tnjured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. May 6 Date reefit by registrar) 19. (Date reefit by registrar) 19. (Date reefit by registrar)	23. SIGNATURE M. Deprother M. Deprother Address A. A. C.

MAY 9 1946 BUREAU V.M.

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore @7

CERTIFICATE OF DEATH

04459

Reg. Dist. No......

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
County	Mar I. I William
City or town Institute	State County County
Cily or town	City or town 1 TROSChera
How long in above place of death?	City or town (If outside city of town limits, write RURAL shd give nearest town)
Hospital, Institution, or Speet address where death occurred:	Street No. Dowers
Dowery screet	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME.	3. (b) Social Security Number
Tun Carey margus	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white line	20. DATE DF DEATH MAY 27 19 46 at 9 77 M
	ZU, DRIE UF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If allve, give ageyears	
7. Birth date of deceased (mo., day, yr.) Quequest 31, 1870	and that I lest can it. Association of
	Immediate cause of death
8. AGE: Years Months Days If less than one day	arleno - Scleroses
15 8 26min.	
Frankling mil	0
9. Birthplace (Town county, and state)	Due to.
D - A G	January .
10. Usual occupation	Due to
11. Industry or business Coal Missing	
12. Name Jeans Trans	Other conditions
12. Name	(Include pregnancy within 3 months of death)
# 14. Malden name Trady a Leury	(Include pregnancy within 8 months of death)
14. Malden name. White Company of the Company of th	Major findings of operations.
E 15. Birthplace Water	Date of op.
Cla a D made a -	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Childs, M.C.	
Berrie 0 may 29 1941	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
T. O. O. O. O.	Where did injury occur?
Cemetery or exemetery.	Where did injury occur? (City or town) (County) (State)
Location Furthery MA	Injured at home, farm, Industry, public place (where?)
00014	Means of Injury Injured at work?
18. Funeral director	$\alpha / \alpha \wedge \alpha \wedge \alpha$
Address I The House Md.	all will had
Audices	23. SIGNATURE . C. CLELLY / / , W
19 5-28 19 46 Mus Hauly X- Tre	M. D. or other
(Date rec'd by registrur)	Address Troslung, Ma Date signed 7281 4

RECEIVED

MAY 30 1946

BUREAU V &

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Real

CERTIFICATE OF DEATH

Dr. Diehl 04460 9 Reg. Diet. No.

1. PLACE OF DEATH: Ollegans	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
+ 1-1-	State Missouri County Jackson
City or lown	I No seed of
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. (Saskenoton Hotel)
TIMENS TOURNEY.	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME andrew Johnson /	Pash 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH 2001 2 19.46 at 5 P-M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If allve, give ageyears	19 3, 10 119 19 10
7. Birth date of	and that Vast saw h
deceased (mo., day, yr.) To bree are 4 8 6 N	Immediate cause of death
8. AGE: Years Months Dark If less than one daymin.	aresio. Scente
7/incinia)	Due to Semble
9. Birthplace(Town, county, and state)	DUG 10 partinggett man return remain
10. Usual occupation	Due to
11. Industry or business International Harvester Co.	
12. Hame Schul Tosh	Other conditions tracture of families: 4 Mas.
12. Name John Mash! 13. Birthologe Eugland	(Include pregnancy within 3 months of delth)
14. Malden name Elizateta Williams	(Include pregnancy within a months of death) Majur findings of operations
S 15. Birthplace Ungland	Date of op.
16. Informant Mrs Charlotte Murray	Autopay results.
Kanal Ct. minger	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Journal Coll	22. VIOLENCE: If death was due to external causes, fill in the following;
17(Barial, cremation, or removal, Which?) Date thereof(markh) (day) (fear)	Accident, suicide, or homicide. Cocident. Date offuly 274, 1945.
	Where did injury occur? Transform allegames Manyland (City of town) (County) (State)
Cemetery or crematory	
Location Invitation of the Location	Injured at home, farm, industry, public place (where?) harmen of farmends.
18. Funeral director. J. J. Allers I.	Means of Injury Occidental foll. Injured at work?
Address Diesthurg Ma.	23. SIGNATURE S. C. Deell, M.D.
5-10 We Mus Manager Al Rom	M. D. or other
19. 5 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Address Frostling, Md. Date signed 5/6/46.

MAY 9 1946 BUREAU V K

2411 N. Charles St., Baltimore /by

CEDTICICATE OF DEATH

04461 Q

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or fown (If outside city or town lumbs, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
How long in above place of death?	City or town (If outside city or town limits, write FURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lillian anta O'Rour 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorted	Res 3.(b) Social Security Number 212-01-7488
Temale White Single	MEDICAL CERTIFICATION 30 20. DATE OF DEATH. MOLY 18 46 21 21 44. M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19.46, to 20.41
7. Birth dale of deceased (mo., day, yr.) June 27, 1903	and that fast saw h. L.M. alive on
8. AGE: Years Months Days If less than one day 42 10 5hrsmin.	Beartho Greenance > Nays
9. Birthplace This and allegamy 10. Usual occupation. Cler 15.	out Bearful 2 whs
11. Industry or business D. C. Murkhy 6.	Other conditions
3. Birthplace Junknown	(Include pregnancy within 3 months of death)
14. Malden name Mariau Willison	Major findings of operations
20 7	Oate of op.
18. Informant / Jr. a. Clerca Therase	Antopsy results
17 Date (month) (day) (year) [Barial, cremation, or romoyal, Which?]	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Barial, cremation, or romoval, Which?) Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Eckhart Md. f	Injured et home, farm, Industry, public place (where?)
18. Funeral director	Means of tinjury Injured af work?
Address Trostburg Md.	23. SIGNATURE M.D. or other
19. 5 — (Date rec'd by registrar) Registrar	Address & Dat truly mel Bate signed 5-6:46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

04462

CERTIFICATE OF DEATH

4

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			TE OF DEATH	Reg. Dist. No. 4
1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME (For newborn infants give residents) State	E) OF DECEASED: ce of mother) County MINERAL limits, write RURAL and give nearest tow	
		days		
3. (a) FULL NAM LES	E TER K. PA		4	3. (b) Social Security Number
4. Sex MALE	5. Color or race WHITE	B.(a)Single, married, widowed, or divorced MARRIED		_ CERTIFICATION
deceased (mo., day, 8. AGE: Year 48 9. Birthpia	Months 3 Greek/Mac COAL DEA	Days It less than one day 2 2 hrs. m neral County, W. Va County, and state)	Immediate case of fresh Myre	cardal Rillians
14. Maiden name 15. Birthplace 18. Informant	Hampshi Hampsh	ise County, W. Va.	(Include premancy with Major ladings of operations. Aatopsy results. PHYSICIAN: Please underline the cause	Christian Date of p. 5
Address Gunfel land Md. 17. Dund (Burlai, cremation, or removal. Which?) Cemetery or crematory Dull Land County County Localion Kupar W. A. 18. Funeral director Markwood.			22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	Date of
Address Mars	Keyser,	L. Va.	23. SIGNATURE	M. D. or other

MAY 21 1945
BUREAU V.B

The correct age

WITH UNFADING INK, Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

9-45-15M

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

04463 4

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Poll newborn infants give residence of mother)
County Co	Charles of AM
City or town	
How long in above place of death?	City or town
Hospital, Institution or street address where death occurred:	0 4 11/1
708 Lafagette are	Street No. J.D.S. Z.J. G.M.J. M. T.C
How long in hospital or Anstitution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
Viola Beatrice	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hmale White married	20. DATE OF DEATH May 1 St 19. 46, at 7 3 AM
6.(b) Name of husband or wife Wilming I Cowell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	860 1 - 46 19 to Ma 1- 18 46
7. Birth date of	and that I tast saw h. Eq. alive on Man 1 4 4 19
deceased (mo., day, yr.) Feb 73 / 88	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Urania Come 36 km
59 3 12hrsmln.	
9. Birtiplace Cumbuland md.	Due to Cardio Charldeness 8 mos
(Town, county, and state)	
10. Usual occupation Adulestary	Que to Pasen la set Mellit. Jel
11. Industry or business	
	Ottor and Ware
12. Name John Noakobsuch 13. Birthplace Sud	Other conditions
5 mars Nousk	(Include pregnancy within 3 months of death)
14. Maiden name mary Houck 15. Birthplace md.	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant Alemnia & Pawell	Autopsy results.
Address Charles land, and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
n : 0 manual 18.//	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
01:00 - X	Where did injury occur?
Cemetery or cremetory	
Location Museluland mil	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Louis Stein In	Means of Injury Injured at work?
Address Cumberland, and.	Atmost ma
Man 4 11 10 9 10 m	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address 101 to Essetse of Date signed 5/2/4/

MAY 7 1946
BUREAU

1 1 44

2411 N. Charles St., Baltimore

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U	T	2	U	7

CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Bee newborn infants give residence of mother) State
3. (a) FULL NAME Sames Villiam (I) 4. Sex	3. (b) Social Security Number MEDICAL CERTIFICATION 29. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 5 - 3.1 - 415.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If Jess than one day 67 9 16 hrs. min. 9. Birthplace Cumberland Maryland (Town, county, and stake)	and that I last saw h
10. Usual occupation	Due to
14. Malden name Mary Gist 15. Birthplace 16. Informant Mrs. Anna Remolds Address II3 Harrison St.	Major findings of operations
Bu 1 Date thereof June 3, 1946 (Burial, cremator, or removal, Which?) Cemetery or crematory St. Patrick, Location Cumberland Md.	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Louis Stein Inc. Address Cumberland 19 Lune 3 19 46 J. P. Franklin, M. D. Date rec'd by registrar) Registrar	23. SIGN TOPE Address Address Date Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-15M

A15

PLEASE

JUN 4 1946
BUREAU V.B.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

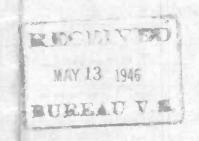
2411 N. Charles St., Baltimore 83-74

CERTIFICATE OF DEATH

04465

Reg. Dist. No..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Oll Gally	(For newborn infants give residence of mother)
(It outside city or town limits, write RURAL upt give nearest town)	State Many County Leafange
How long in above place of death?	City or town (Louiside city or town limits, write RURAL and girt hearest town)
Hospital, Institution, or Street address where death occurred:	Street No. Statch Hill !
DONCH HUL	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Walter Dent Richter	
4. Sex 5. Color or taco 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
male thate fredowed	20. DATE OF DEATH May 9th 19.46 at 12.15.4 M
B.(6) Name of humand or wite Pragail Carksur Richto	21. I CERJIFY that death occurred on the date above stated; that I stiended deceased from
	Hay 3 19×6, 10 May 19×6
7. Birth dato ot Section 1. Secti	and that I last saw h as alive oo way 8 19 46
deceased (mo., day, yr.) 8. AGE: Years Mooths Days It loss than one day	Immediate cause of death
22 - 0	Cerebral Venorhose suffey
Min.	dias
8. Birthplace Llan (Town, county, and state)	Duo ta
10. Usual occupation to aspect the	averia la distribuica de la constante de la co
11. Industry or business Own Prisings,	Due to.
# 12. Name Frederick Richter	
13. Birthplace newbrash Wr. Va.	Other cooditions
81. 11.49 DI 4	(Include pregnancy within 3 months of death)
E 14. Maiden name A Man Affill	Major findings of operations
\$ 15. Birthplace Presture Co. A. Da.	
16. Informant Mss. Janu Jatton	Autopsy results
Address Lonaconing, Md	PHYS1C1AN: Please underline the cause to which death should he charged statistically,
17 Prival Bate therest May 17 194	22. V10LENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereot. (month) (pay) (year)	Accident, suicide, or homicide
Cemetery or crematory Classify.	Where did injury occur?
Location La Swattenson Dud	Injured at home, farm, Indostry, public place (where?)
18. Funeral director 201 Asia Management	Means of Injury Injured at work?
Cl -22 2 2 1 1 2 0 0 1 1	1000
Address Towardsmug HILO	23. SIGNATURE Y. Z., Oo J
19. May De 1946 Dr E Pour 1 Je Registrar	Address Lanaquine M.D. or other,



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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DR. R. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

04466

CERTIFICATE OF DEATH

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- 8		
- 0		

Reg. Diat. No.

City or town	MY BERLAN	D imits, waite R	URAL and give nearest town)			/
Hospital, Institution, or stre	et address where	death occurred		Street No.		
MEMOR	MAL HO	SPITAI	_	(If rural, g	rive LOCATION)	/
How long in hospital or inst	itution?	8 DAT	ZS	2.(a) If veteran, name war	24000	Y
3. (a) FULL NAME					3. (b) Social Security	Number
MRS.	LENA,	T. ROI	RFV		Hore	
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL	CERTIFICATION	
FEMALE	WHITE	W:	IDOWED			.6.55 A
		1		2D. DATE OF DEATH		
			. ROBIEV		above stated; that I attended decer	4 6
B. 11 1-14	10 40 40) If alive, give ageyear	and that I last saw h allve oo		19
deceased (mo., day, yr.)	OCT.	11 190)1	The second secon		DURATION
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	Combain.	Donation
44	7	11	hrs,mln			
9. BirthplaceI.A.F	YLAND	county, and s	tate)	Due to Crowny	Lelevois	******************
1D. Usual occupation					••••••	
	. 22.25.35.004.0004.0040.00		•	Due to		
11. todustry or business	TTAME	EMDV 1	INER			
				Other conditions		400000000000000000000000000000000000000
	PENNSY			(Include pregnancy within	3 months of death)	
		KNIEPI	7.1	Major fiadings of operations		
15. Birthplace	PLANS	YLVAN	ΓΑ			
16. Informant	LEE	HIN	ER	Autopsy results		
	UMBERL			PHYSICIAN: Please underline the cause to		statistically.
17. Burial (Burial, cremation, or			May 25 1946 (mouth) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide		
Cemetery or crematory	Rose Hi			Whera did injury occur?(City or tow	n) (County)	(State)
				Manne of Injury	Injured at work?	
18. Funeral director	Louis St	ein Inc	• • • • • • • • • • • • • • • • • • •	Wo 1	1/10	20
Address Cum	berland,	Md.		23. SIGNATURE	alliams	, Ins
19. May 2. (Date rec'd by registr	4 19.46	J.P.	Franklen, M. A. Registra	m-11.	M. D. Date signed.	5/22/1/

MAY 28 1946
BUREAU V. 8

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04467 4

25 mry46

1. PLACE OF DE	AIH:	Allegany	(For newborn infants give residence of	r DECEASED: mother)
County Allegany			State Maryland Con	anty Allegany
City or town		City or town		
How long in above place	e of death?	5 Years		
	r street address where	death occurred: St	Street No. 23. Bedford	l St
			(If rurai, give	
			2.(a) If veteran, name war	
3. (a) FULL NAM	JOHN	HENRY ROBINETTE		3. (b) Social Security Number 219-14-6967
4. Ses	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Ma.1e	White	Married		19.46 21.404 A M
0.43.4	Id.	a B. Robinette	21. I CERTIFY that death occurred on the date abo	
5.(0) #2me of nuspane	or wite	91	25 Axr.1 19.	46, 10 25 may 1946
7. Sirth date of	***************************************		and that t last saw h. J	MAY 1346
deceased (mo., day.	yr.) May	5, 1871	Immediate cause of death	DURATION
8. AGE: Year	months Months	Days If less than one day	myocarditisch	reniert
75	0	20hrsmin.	Nemiplegia left. Co	mylete
O Birthelace	Des Moines	Lowa county, and state)	Due to Hypertension - 1	Arteriosclerous
			Generalized Sever	
10. Usual occupation.	Paparhang	er	Due to.	
11. Industry or busine	ss Hanging	Paper		
H 12 Name	Jermiah W	Robinette	Other conditions B. Ateral Iv	direct Inquiral
13. Birthplace U			blev.n.a.s. (massive) In frecide pregnancy within 8	
The second secon		ong		
14. Malden name		VII.8	Majur fiadiugs uf uperatiuus	
≥ 15. Birthplace	Unknown			Date of op
1B. Informant	Mrs. Puth	Hess	Autopsy results	
Address 23 B	Redford St.	Cumberland. Md.	PHYSICIAN: Please underline the cause tu w	hich death should be charged statistically.
			22. VIOLENCE: tf death was due to external car	
(Burlal, crematio	n, or removal. Which?	Date thereof. May 28, 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or cremat	toryDuling	Cemetery	Where did injury occur?(City or town)	(County) (State)
Location Key	ser, Minera	al, West Virginia	injured at home, farm, industry, public place (w	here?)
18. Funeral director	William	H. Kight	Means of Injury	Injured at work?
	mberland, l		22 SIGNATURE Tuller B	lof to The
		0	23. SIGRATORIUM	M. D. or other
19. Chayo	2 19 76 egistrar)	J. P. Trouk un M. D. Registrar	Address 1/2 Bed Ford S	Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carcfully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore 93-1

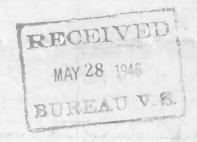
04468

CERTIFIC	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF SEATH: County City or town	Street No 521 Ascess	County Co
3. (a) FULL NAME mary 6 Rose.		3. (b) Social Security Number
4. Sex 5. Color or race (6.(a) Single, married, wildowed, or divorced Himple White Province 6.(b) Name of husband or wife & Ross Rose.	20. DATE DF DEATH	CERTIFICATION 19.46 at 3 45 a shore stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw halive on	May 4 19 46 DURATION Level Julius 2 years
9. Birthplace Budford Pa (Town, county, and state) 10. Usual occupation Language Parallel Pa	Due to.	render 3 yeu
12. Name Prehand Thinning 13. Birthplace Par.	Other conditions	in 3 months of death)
18. Informant Pearly Clayton	Major findings of operations Autopay results	
Address 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/	Date of
18. Funeral director. This Stime 9 are Address Completed	Injured at home, farm, industry, public place Means of injury	
19. May 20, 1946 J. P. Franklin, M. (Date rec'dby registrar)	23. SIGNATURE LA	M. D. or other M. D. or other M. D. or other

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. A15

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2411 N. Charles St., Baltimore 56-7

CERTIFICATE OF DEATH

04469

How long in above place of Hospital, institution, or str	GANY MBERLANI de city or town lin leath? net address where de RIAL HOS	nits, write Ri	.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND County GARRETT City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. (1f rural, give LOCATION)
3. (a) FULL NAME				3. (b) Social Security Number
MRS	. IVA RU			
4. Sex 5	. Color or race WHITE	6.(a)Single	, married, widowed, or divorced WIDOWED	MEDICAL CERTIFICATION MAY 5, 194 6 @ 12:15, PM
6,(b) Name of husband or) It alive, give ageyears	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.)	OCTOD.	ru a	18 7 11	Immediate Anse of death DURATION
8. AGE: Years	Months	Days /	If less than one dayhrsmin.	Pentantit 10 d.
9. Birthplace	ARYLAND	county, and s		Due to
10. Usual occupation	TEOTE O TORRE			Due to
H 12. Name CO	RNELIUS RYLAND	W. F	RI END	Diher conditions
14. Maiden namo	MAY FRI MARYLAN			(Include pregnants Grain 3 months of deat) Major findings of operations.
16. Informant	EMORIAL UMBERLA		ITAL D.	Autopsy results
17(Burial, of the state of	Blue Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	y of	ye	fuella	Injured at home, farm, industry, public place (where?)
18. Funeral director	way	In a	me Du	wo Hodga, M.D.
19. (Daje rec'd/by regis	19. 4 (/su	lis Kowor	23. SIDNATURE Address: Charles Clark, M. D. or purple 5 / 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAY 15 1946

BUREAU V S.

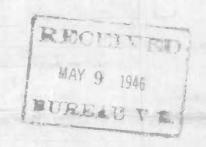
04470

CERTIFICAT	E OF DEATH Rog. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, neme wer
mary O. Aughes Salista	3. (b) Social Security Number
4. Sax Pernale Oblite Shallshiry 6.(6) Neme of husband as wife allower F. Sallshiry	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY thet deeth occurred on the dete ebove eleted; that I attended deceased from 19.54. 19.54. 19.55. 19.55. 19.55.
8. AGE: Years Monits Deys It less then one dey	and thet I lest saw h
9. Birthplace L. an Ling gai, allegany loss, 20 10. Usual occupation Loss Own Love 11. Industry or business Own Love	Due to
12. Name Steering Trugles 13. Birthplace Curforway 14. Maiden name Sara Curforway 15. Birthplace, Austronom	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informent I iam Murray Address Cysel Oh, P. af 17. Buttal Date thereof May 8, 1946. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death wes due to external causes, till in the tollowing; Accident, suicide, or homicide
Location DNAMAS Address Covacoving MA	Where did injury occur? (City or town) (County) (State) Injured at home, term, industry, public piece (where?) Meane of injury injured at work? 23. SIGNATURE M. D. or other
19. May 7 (Date reput by registrar) 19.46 S. S. S. S. S. Registrar	Addresse Light Dete signed 1 1 1 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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The correct age

2411 N. Charles St., Baltimore 83-2

04471

CERTIFICATE OF DEATH

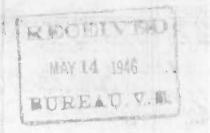
V	Z	7	W

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Allegany Hospital, Cumberland, Maryland How long in hospital or institution? 4 hrs.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County Allegany City or fown Cumberland, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Ida Simpson	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DF DEATH 5/8 19 46 , at 5:16 A
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from the state of the st
8. AGE: Years Jonths Days If less than one day 69 10 28 hrs. min. 9. Birthplace Patterson Creek, W. Va. 10. Usual occupation. Housewife	Immediate cause of death DURATION San Due to Hypertrusion Due to Due to Due to Due to Due to Due to Due to Due to Due to Due t
12. Name Jonathon Anderson W. Va. 14. Malden name Mary 15. Birthplace W. Va. 18. Intormant Mr. Charles Simpson	Other conditions
Address 219 Paca St. Cumberland, Md. 17. Burial Dale thereof May 11, 1946. (Burial, cremation, or removal, Which?) Cemetery or crematory. Mt. Zion Cem. Localion Near Patterson Creek, W. Va. 18. Funeral director Charles L. George Address Cumberland, Md. 19. May 1, 1946 Franklin, Mt. (Date rec'd byregistrar)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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STATISTICS OF STATE O

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04472

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
M A-0	State County County
City or town (If outside city or town limits, write RURAL and give dearest town)	City or town Forca conney
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Talle States Cust
Marin Joseph al	(If rural, give LOCATION)
How long in hospital or institution? 4/2/46 5	2.(a) If veteran, name war
The long in the party of the pa	3. (b) Social Security Number
3. (a) FULL NAME	3. (0) Social Security Number
Joseph Dry	der. 12/3-12-94/0
4. Sex 5. Color of race B.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ma la la At Con in All	111 040
male Wale / flamea	20. DATE DF DEATH MALLY S 1946 at 9 A M
a as home of husband or wife Marguet Beem an	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(0) Name of nuspand of wife	april 2 19 He, 10 May 3 18 4 6
	and that I last saw h. Assisalive on Duray 5 19.46
7. Birth date of deceased (mo., day, yr.) — — 980.	1
	Immediate cause of death
o. Auc.	aremond Private Silver
6 bhrsmin.	
9. Birthplace Prosturg, alligaring tal, Il	Due to
9. Birthplace (Town, coonty, and state)	Due to
1 11/00 1/04/1 127	
10. Usuat occupation	Due to
11. Industry or business Seveges Could Toral 65.	
12 Name William Smydel	Other conditions
13. Birthplace (INKNOUN)	(Include pregnancy within 3 months of death)
14. Malden name WWW. SVOWV	Major findings of operations
15. Birthplace Unknowy	
	Date of op.
18. Informant Line Line Language	Autopsy results.
1 Con a soil a Val	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address Notes	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accounty and a second of the s
Cemetery or crematory (MR) Fill Campillary	Where did injury occur?
Som as mains on &	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director. TV. Guchhtw	Means of Injury Injured at work?
O as in a resister of one	11.00 /2 1/6 /h.)
Address 5-macionary ava	23 SIGNATURE ATTAC JAMES WAS CONSTRUCTED IN
4- 9 46 MIL HOUSENIEN - FOR	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Tws Vous Mul Date signed S. J.

.....11..... listes Aintra BUREAU V.E. tically.

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CERTIFICATE C	F DE	ATH
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			11
Reg.	Dist.	No.	 4

		CERTIFICA	ATE OF DEATH	[Reg. Dist. No.	4
1. PLACE OF DEA			2. USUAL RESIDENCE	(HOME) 0	F DECEASED:	
City or town	nberland utside eity or town iit of dealh?4 street addrese where d	nits, write RURAL and give nearest town) YOSIS eath occurred:	State Marylan City or town (If outside	d Cou umberland city or town limite	Allegan	e nearest town)
How long in hospital or	Inetitution?		2.(a) If veteran, name war		***************************************	
3. (a) FULL NAME		RCARET WALKER SOMMERV	ILLE		3. (b) Social Secur	rity Number
4, Sex Female	5. Color or race White	8.(a)Single, married, widowed, or divorced Widowed	2D. DATE DF DEATH		ERTIFICATION	And the second
8.(b) Name of husband 7. Birth date of deceased (mo., day, y 8. AGE: Yeare	•••••	### Sommerville ### 8.(c) If alive, give age	ars and that I last saw h	22 190 alive on The	46,10 17 72 og 12	10 of 19 of
9. Birthplace	Scotland (Town,	county, and state) Ousewife	Due to			
		Walker	Dther conditions			
14. Malden name	Jeanie (Caldwell	Major findings of operations.			
18, Interment		W. Diehl				
Address Rout	e 3. Cumbe	erland, Md.	PHYSICIAN: Please underlie			rged statistically.
17. Buria (Buriai, cremation,					Date of	
Cemetery or cremato	, Zion Mer	norial Cemetery	Where did injury occur?	(City or town)	(County)	(State)
LocationCun	berland, 1	/d.		y, public place (w		
18. Fuoeral director	William I	I. Kight	Means of Injury	ī	Injured at work?	

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MAY 21 1946

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	2411	N.	Charles	St.,	Balt	more	BD)
CER'	TIE	FIC	CATI	E (OF	DE	ATH

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0.				

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME John Andrew Stegma	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Married 6.(b) Name of husband or wife. Hanie Detterming Stegmaier.	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth dats of deceased (mo., day, yr.) Sept 14, 1870	and that I last saw h
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death Ligocaratte 5 Ham
9. Birthplace Crasser/and Allegany, Md. (Town, county, end acide) 19. Usuat occupation Farming	Due fo
11. Industry or business Own Farmy 12. Name Leonard Stegma's 13. Birthplace Germany	Other conditions
14. Malden name Gertrude Heck 15. Birthplace Green spring, IV. Va.	(Include pregnancy within 3 months of death) Major findings of operations
Address Pot 4, Carrelleland, und.	Autopsy results
Bate thereof / 3, 1946 (Burial, cremation, or removal Which?) Complexy or cremators #3. Peter & Pan / 2 Completery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Cumberland, Md.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Colorebus and Tund.	23. SIGNATURE Do Curron M. II.
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Address Circle Pland, Ma Date signed 5-2276

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PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MAY 28 1946
BUREAU V. S.

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The correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

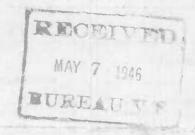
CERTIFICATE OF DEATH

Reg.	Dist.	No	·		_	t
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1. PLACE OF DEAT County ALLE	H:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
City or town. CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)				State PENNSYLVANIA County BEDFORD HYNDMAN		
How long in above place of Hospital, institution, or si How long in hospital or in	reet address where of MEMORIA	L HOS	PITAL	(If outside city or town lin	ive LOCATION)	
3. (a) FULL NAME	istration:			II 2.(-/ // I loosal j sant 22	3. (b) Social Security	Mamban
	OY THOMA	S (P	REMATURE INFAN	т)	More	(tumber
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL	CERTIFICATION	
MALE	WHITE	I	NFANT	20. DATE OF DEATH MAY 2. 1	946	12:05 M
6.(6) Name of husband of		6.(c)	If allve, give ageyears	21. I CERTIFY that death occurred on the date	above stated; that I ettended deces	2 19 4 k
deceased (mo., day, yr.)	MAY 2	1946		Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	6 m	o. gestation	2 hs
9. Birthplace				Due to		
10. Usual occupation 11. Industry or business				Due to		
	RSHALL H PENNSYLV		MAS	Other conditions		
14. Malden name	MARY PR PENNSY		Λ	(Include pregnancy within		
15. Birthplace	TEMMOT	n A WTA TT	3.	-	Date of op	
16. Informant	MEMORIA CUMBERL		PITAL	Autopsy results	which death should he charged	statistically.
17(Burial, cremation,	or removal, Which?)	Date there	may 3 /946. (mooth) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Dale of	
Location	Hepro	nau,	Penna	Injured at home, farm, Industry, public place		
18. Funerat director	Hende	y No	Pelava.	Meens of Injury	A Too A C C M	0
19 May.	3 1946	J. F	Franklin, m. A	23. SIGNATURE		or other

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.



The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

- 04476

CERTIFICATE OF DEATH

Reg. Diet. No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County alleganses	(For newborn infants give residence of mother) State
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Ollegory Jospetal	(If rural, give LOCATION)
How long in hospital of institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Greffith (homas)	214-05-8827
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Thole white morney	20. DATE OF DEATH. May 13 1946 at 11:15 P.
6 (2) Name of bushed or wife against Miner Thomas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0.(0) hame of nusband of whether the control of the	January 19 42 to Meet 1946
7. Birth date of	and that I last saw h. France alive op
deceased (mo., day, yr.) 4 19 / 1895	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Eurone Cardw - June
51 1 4hrsmln.	Jasaster Heart
9. Birthplace Frankburg and	Due to. Misiasse
9. Birthplace	DUC (VIII)
10. Usual occupation	Due to.
11. Industry or business	900 ()
E 12. Name domes thomas	Other conditions
12. Name One Mond.	
	(Include pregnancy within 3 months of death)
14. Malden name. Cole word Phillips 15. Birthplace Modern Street Cole Cole Cole Cole Cole Cole Cole Cole	Major findings of operations
	Date of op.
16. Interment Mis- Curie Thomas	Antopsy results
Address Carrisoniale Ml	PHYSICIAN: Please underline the cause te which death should be charged statistically.
man 12 all	22. VIOLENCE: It death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or exematory (felerent	Where did injury occur?
Location Cumberland, md	Injured at home, tarm, Industry, public place (where?)
2/ 70:00	Means of injury Injured at work?
18. Funeral director.	1 1
Address (tyndinan Fa)	as SIGNATURE Solver II Sompler
Man 17 .41 & P Smallin M.D	23. SIGNATURE M. D. oz other
(Date rec'd by registrar)	Address Shandman Date signed 5.15.46

MAY 21 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

rect		CERTIFIC	ATE OF DEATH	Reg. Dist. No.		
corr.	1. PLACE OF DEATH:	`	2. USUAL RESIDENCE (HON	ME) OF DECEASED:		
he	County Allegan		(For newborn infanta give resid			
E B	City or town Gues be	r town limits, write RURAL and give nearest town)	State 7.d	/ / 7 ~		
N N	***	31. YEAR S	City or town.	wn limits, write RURAL and give nearest town)		
y an	Hospital, Institution, or street address	ss where death occurred:		ryland Arc.		
arl	Allegary	County Intirmary	(If ru	. (If rural, give LOCATION)		
cle	How tong in hospital or institution?	5 days	2.(a) If veteran, name war			
information carefully. The confident of death clearly and legibly.	3. (a) FULL NAME	omes Thomas		3. (b) Social Security Number		
of	4. Sex 5. Color or	race 6.(a)Single, married, widowed, or divorced	MEDIC	AL CERTIFICATION		
item of i	M	Married		May 8 1076 at 5:00		
ery iter the ca		nnie Askey Thomas	5-3-	e date above states, that I attended deceased from		
eve te	7 Right date of		and that I last saw h	5 . 8		
ly ev write		s Days Itless than one day	Immediate cause of death	DUR		
Supply lease wr	8. AGE: Years Month		X and	D Table		
Sulea	73	/ 24hrs.	min.			
ADING INK. Physicians: pl	_ /	(Town, Sounty, and Tate)	Oue to	- Custus		
Gia	to. Usuat occupation. ISE Tox	ed car repairmen	Oue to			
NIO nysi	11. Industry or business Ba					
P. P.	12. Name Harr	1 750-995	Other conditions			
it.	12. Name Harry 13. Birthplace	gland				
rtal	8 7	oline Edwards	(Include pregnancy	within 3 months of death)		
WITH UN important		gland	Major fiadings of operations	Zan		
Para I		7				
Y,	16. Informant 17/5	rma South	Autopsy results	use to which death should be charged statistically		
NL	Address Hagersy	Lowy, Md.				
PLAINLY, is especially	- 7. 1		22. VIOLENCE: If death was due to ex			
PL is e	(Burial, cremation, or removal					
臣	Cemetery or crematoryE.C	khort Cemetery	Where did injury occur?(City o	r town) (County) (State)		
RITE	Location Eckhart	Md.	tnjured at home, farm, tndustry, public	place (where?)		
E	11	1110	Menns of injury	Injure that work?		
SE	1B. Funeral director		1/ -	- 29/10 ·		
EA	Address Capalis	stand, Triple D 11	23. SIGNATUBE	Much		
3	m 10	11 11. 8. traible	,) 6	M. D. or other		

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is shown on Film No. 106 - 7/24 CERTIFICA	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegary City or town Mt. Savage (If outside city or town limits, write RURAL and give nearest town Street No. Church Hill (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME Warald Leslie Uhl	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Vingle.	MEDICAL CERTIFICATION 20. DATE OF DEATH. MAY 146 19 46 13.
8. (b) Name of husband or wite 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 47 3 14 hrs. min 9. Birthplace (Town, coupty, and state) 10. Usual occupation. 11. Industry or business 12. Name Club Hilliam Ull 13. Birthplace Hellershay Pa 14. Maiden name Nellie Newalal 15. Birthplace M. Lawage 16. Informant Manage Liberthy 16. Informant Manage Liberthy 17. Birthplace M. Lawage 18. AGE: years Months Days If less than one day 19. Birthplace M. Lawage 16. Informant Manage Liberthy 16. Informant Manage Liberthy 17. Birthplace M. Lawage 18. AGE: years Months Days If less than one day 18. AGE: years Months Days If less than one day 19. Birthplace M. Lawage 16. Informant Manage Liberthy 18. AGE: years Months Days If less than one day 19. Birthplace M. Lawage 16. Informant Manage Liberthy 18. AGE: years Months Days If less than one day 19. Birthplace M. Lawage 19. Birthplace M. Lawage 10. Birthplace M. Lawage 10. Birthplace M. Lawage 10. Birthplace M. Lawage 10. Birthplace M. Lawage 11. Informant Manage Liberthy 12. Birthplace M. Lawage 13. Birthplace M. Lawage 14. Informant M. Lawage 15. Birthplace M. Lawage 16. Informant M. Lawage 17. Birthplace M. Lawage 18. AGE: years Months Days If less than one day 18. AGE: years Months Days If less than one day 19. Birthplace M. Lawage 19. Birthplace M. Lawage	and that I last saw h
Address 17. Lawage. 18. Lawage. 19. Date thereof. (month) (day) (year) Cemetery or cramators. Location.	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
18. Funeral director	Means of Injury Injured at work? 23. SIGNATURE Welliam E. Misselm N.



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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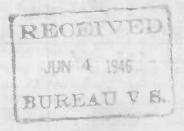
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 99.1

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TOT	ICI/	AF	TE	OF	DE	A	TL

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For)newborn infant righter residence of mother)
County Allegany Co	M. (III All
City or towCumberland Md (If outside city or town limits, write RURAL and give nearest town)	State State County County
How long in above place of death? 40 years	(If outside gity or to an limits, white RURAL and give nearest town)
Hospital Institution or street address where death occurred:	7/0,60 400
g ymca	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	214-12-3978
4. Sex 5. Color or race 6.(d)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	11.
Male W Maried	2D. DATE DF DEATH Way 3 8 19 4 9 at 1 M
6,(b) Name of husband or wife. Frances Vandegrift	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	may 28 my 19.46, 10 may 28 19.46
7. Birth date of	and that I last saw h Allalive on May 2 Sile 19 46
deceased (mo., day, yr.) May 13 1881	Immediate cause of death
8. AGE: Years Months Days If less than one day	Immediate cause of death
65 15min.	Morray Thronbos 2
Noon Romney Wyo	Due to.
9. Birthplace Near Rolling (Town, county, and state)	Due to.
10. Usual occupation Contractor	144 Cardin 7.
11. Industry or business Builder Of houses	Due to.
The state of the s	
W V O	Dther conditions
	(Include pregnancy within 3 months of death)
# 14. Malden name Margart Haynes	
14. Malden name Margart Haynes W.Va.	Major findings of operations
16. Informant Edward Vandegrift	Antopsy results
Address Cumberland Rd W. 3	
17. Bursal (Bursal, cremation, or removal. Which?) Dale thereof May 31. 1946 (manth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
	Accident, suicide, or homicide
Cemelery or crematory. Rose Hill	Where did injury occur?
Cumberland Md	Injured al home, farm, Industry, public place (where?)
Location	
18. Funeral directorJohn . G . Wolford	Means of Injury Injured at work?
Address Cumberland Md	or Phone UN.
0 0 1 1 1	23. SIGNATURE M. D. C.
19. May 29 1946 J. P. Franklin, M. D. Registrar	M. D. or other
(Dato rec'd by registrar) Registrar	Address Date signed hay 29-46



9.45-15M VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH Reg. Diat. No.

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Who get Min gripping Min and Mi
City or town. (If outside city or town limits, write RURAL and give nearest town)	State West Virginia Mineral
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, instilution, or street address where death occurred:	City or town Warnock (If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Katherma Warnock.	
4. Sex 5. Color or race 6.(a) Single, Married, Widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DE DEATH 5- 26 1946 at 5- 9 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 - 10.5 - 2.6 19.4 6 and that I last saw h 2 alive on 5 - 2.6 19.4 6
8. AGE: Years Months Days It less than one day	Immediate cause of death
85 1 6hrsmin.	
9. Birthplace Terra Alta, West Va. (Town, county, and state) 10. Usual occupation Housewife	Due to
	Due to
11. Industry or business 12. Name	Diher conditions
Elizabeth Matheney 14. Maiden name Do not know.	(Include pregnancy within 3 months of death) Major findings of operations
18, tatormant David Warnock	Antanay rossits
Address Barnum, West Va.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Burial Date thereof May 29 1946	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location Warnock, West Va.	Injured at home, farm, industry, public place (where?)
18. Funeral director W. N. D. Wellowk	Means of Injury Injured at work?
Address Piedmont, West Va. 19 May 28 19 46 African Registrar (Date rec'dov registrar) Registrar	23. SIGNATURE JAS Q. NEWTONE MW M. D. or other M. D. or other M. D. or other M. D. or other S. 44. Address Paysev WVA Bate signed 5-28.44.

RECEIVED MAY 30 1946 BUREAU V.S. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

04438 Reg. Diat. No....

Uol

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State Mary land county Allegany
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County 111eq.a.H.y
How long in above place of dealh? 27 hrs. Lonin.	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealnr	
Memorial Hospital	Sireel No
How long In hospital or Institution? 27 hrs. 10 min.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ezra Watson	215-20-8898
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	A. A.
Male White Widowed	20. DATE OF DEATH May 5th., 19.46 ,12.10
6.(b) Name of hueband or wife Clayissa Ellen Mann	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
B.(c) It alive, give ageyears	and that I last eaw h alive on 19
7. Birth date of deceased (mo., day, yr.) October 31, 1868	
8. AGE: Years Months Days If less than one day	Extensive second and third 27 hrs
77 6 H	
A 1.1	degree burns of head, face, 10 min.
9. Birthpiace Piney Grene, Allegany Co., Md.	neck, trunk and extremities.
10. Usual occupation Retired Farmer	Bus to
11. Industry or business	Due 10
12. Name John D. Watson	
	Uther conditions
2 13. Birthplace Allegany Co. Md.	(Include pregnancy within 3 months of death)
14. Molden name Mary E. MY BINNIS	Major findings of operations.
14. Molden name Mary E. M. G. INN. S. 15. Birthplace UNKNOWN	
TI DIMET (CO)	Autopay results no autopsy
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Little OTleans, Md.	
17. Burial Date thereof May 7 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide, SCC.1dent. Date of 5-3-46.
Cometery or oromatory Piney Plains Meth. Church	Where did injury occur? Belle Grove, Allegany, Md. (County) (State)
location Pixer Plains Md.	injured at home, farm, industry, public place (where?) highway
	Meane of Injury Coll. truck and auto. no
19. Funeral director. Charles R. 13as1	means of infart
Address Hancock, Md.	Dinas y los as to the K
m. 7 ·11 Prache man	23. SIGNATURE LA LALLOS H. LORLA EU TM. D. or other
19. May 7 1946 J. C. Brankley, M. D. Registrar	Addrees Cumberland, Maryland pate signed 5-5-46
	Deputy Medical Examiner - Allegany Co

MAY 14 1946 EUREAU V. C.